

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 15 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73602**

1. Corporation Name

Strickland AT Mayport, Inc

2. Principal Office Address

4738 Ocean Street

Suite, Apt. #, etc.

3. Mailing Office Address

4738 Ocean Street

Suite, Apt. #, etc.

City & State

Mayport, Florida

City & State

Mayport, Florida

Zip

32233

Country

Duval

Zip

32233

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/92

5. FEI Number

59 3149 087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dewayne Williams

Street Address (P.O. Box Number is Not Acceptable)

4738 Ocean Street

Suite, Apt. #, Etc.

City

Mayport

State

FL

Zip Code

32233

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dewayne Williams

REGISTERED AGENT MUST SIGN

Date

November 15, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PD</i>	<i>Dewayne Williams</i>	<i>4738 Ocean Street</i>	<i>Mayport, FL 32233</i>

REINSTATEMENT 95-04

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dewayne Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

November 15, 2004

Daytime Phone #

904

241-7200

202

I Dewayne H. Williams, did not receive
my 1995 Annual Report for Sticklelands
at Mayport, Inc, document number V73602

Dewayne H Williams

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