

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 PM 4:19

DOCUMENT # 766251

1. Corporation Name

Northeast Florida League of Cities, Inc.

2. Principal Office Address

2200 A1A South

Suite, Apt. #, etc.

3. Mailing Office Address

2200 A1A South

Suite, Apt. #, etc.

City & State

FL  
- St. Augustine Beach

City & State

St. Augustine Beach, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1982

5. FEI Number

59-2560639

Applied For

- Not Applicable -

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name

Max Royle

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

2200 A1A South

Suite, Apt. #, Etc.

City

St. Augustine Beach

State  
FL

Zip Code

32080

600047873666  
03/08/05--01010--009 \*\*\*48

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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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/17/05

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
Pres.	P. Steven Futch	209 N. Thompson St.	Starke, FL 32091
Sec.	Max Royle	2200 A1A South	St. Augustine Beh, FL 32080
Dir	John W. Bowles	2042 Park Ave	Orange Park, FL 32073
Dir	Richard Tillis	125 E. Main St.	Lake Butler, FL 32054
Dir	Allen Bush	201 N. Second St.	Palatka, FL 32177
Dir	James Waters	800 Seminole Rd	Atlantic Beh, FL 32233

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

2/17/05

Date

904/966-6535

Daytime Phone #

CR2E081 (01/05)