

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00000003277**

1. Corporation Name

Jacksonville Non-Group, Inc.

2. Principal Office Address - No P.O. Box #

245 Riverside Avenue

3. Mailing Office Address

245 Riverside Avenue

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32202

Country

Duval

Zip

32202

Country

Duval

**7. Name and Address of Current Registered Agent**

Name

M. Lynn Pappas

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

245 Riverside Avenue

Suite, Apt. #, Etc.

Suite 400

City

Jacksonville

State

FL

Zip Code

32202

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

*M. Lynn Pappas*  
REGISTERED AGENT MUST SIGN

Date

*Jan 19, 2009*

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
DPT	M. Lynn Pappas	245 Riverside Avenue #400	Jacksonville, Florida 32202
DS	Steven T. Halverson	111 Riverside Avenue	Jacksonville, Florida 32202
D	John Delaney	4567 St. Johns Bluff S	Jacksonville, Florida 32224
D	Peter Rummell	2538 River Road	Jacksonville, Florida 32207
D	Hugh A. Greene	800 Prudential Drive	Jacksonville, Florida 32207

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 contained in Chapter 119, 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:

*M. Lynn Pappas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Jan 19, 2009*

Daytime Phone #

*904-353-1980*

**FILED**  
09 JAN 23 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100141890531  
01/23/09--01046--014 \*\*315.00

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5-18-2000

5. FEI Number  
593485919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

*1/27aw*