

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 SEP 11 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W06000037367

DOCUMENT # N00000005642

1. Corporation Name

Jacksonville Jaycees Community Foundation, Inc.

REINSTATEMENT

03-06 JSC

CR2E081 (12/05)

2. Principal Office Address 2610 Daleview

3. Mailing Office Address

P.O. Box 10817 Dr.

2610 Dale View Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip 32225

Country

USA

Zip 32225

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/2000

5. FBI Number

59-3646918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric Brian Smith, Jr.

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

2610 Dale View Drive

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32225

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

Eric Brian Smith, Jr.

Date

8/18/06

REGISTERED AGENT MUST SIGN

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
P	Eric Smith	7224 Ramoth Dr.	Jacksonville, FL 32226
V	Charles McBurney	6326 E. Christopher Creek Rd.	Jacksonville, FL 32217
T	E. Brian Smith, Jr.	2610 Dale View Dr.	Jacksonville, FL 32225
S	Warren Adams	4263 Losco Rd. Apt. 725	Jacksonville, FL 32257

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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 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:

Eric Brian Smith, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/06

Date

(904) 333-8865

Daytime Phone #