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1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

12 APR 11 PM 2:34

SECRETARY OF STATE TALLAHASSEE, FL 32399

DOCUMENT # N14608

1. Corporation Name

Jacksonville Public Libraries Foundation, Inc.

Handwritten initials

REINSTATEMENT 11-12

700228550877 04/11/12--01029--002 **306.25

CR2E081 (11/10)

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

303 North Laura St

Suite, Apt. #, etc.

Suite 334

3. Mailing Office Address

P.O. Box 40103

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

US

Zip

32203-0103

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

4/28/1986

5. FEI Number 59-2836110

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

Dan Edelman

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

6622 Southpoint Drive S

Suite, Apt. #, Etc.

Suite 495

City

Jacksonville,

State

FL

Zip Code

32216

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

Handwritten signature of Dan Edelman

Date

4/2/12

REGISTERED AGENT MUST SIGN

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Howard Coker, Daniel Edelman, Ann Hicks, Joe Augustus, James Birr, III, and Diane Brunet-Garcia.

10. E-mail Address: ppalmer@coj.net & dan.edelman@dhgllp.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Handwritten signature of Dan Edelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/12

904-296-9333

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Additional
Officers
and/or
Directors!

DOCUMENT # N14608

Page 2^c
additional Directors

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303 North Laura St

3. Mailing Office Address
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Signature of
Registered Agent See page (1) REGISTERED AGENT MUST SIGN

Date _____

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
D	Bonnie Sleiman	6970 Almours Drive	Jacksonville, FL 32217
D	Susan Smathers	4051 Timuquana road	Jacksonville, FL 32210
D	Mark Wood	1286 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082
D	Barbara Gubbin	303 North Laura Street	Jacksonville, FL 32202

10. E-mail Address: ppalmer@coj.net & dan.edelman@dghllp.com

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SIGNATURE: See page (1)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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