

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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02/21/03--01098--001 \*\*297.50

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N41211</b>			
<b>1. Corporation Name</b> Jax Transit Management Corp.			
<b>2. Principal Office Address</b> 100 N. Myrtle Ave. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 100 N. Myrtle Ave. Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL	
<b>Zip</b> 32204	<b>Country</b> US	<b>Zip</b> 32204	<b>Country</b> US

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/11/1990	
<b>5. FEI Number</b> 593041602	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> David Cohen	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 200 N. Laura Street	
<b>Suite, Apt. #, Etc.</b> 12th Floor	
<b>City</b> Jacksonville	<b>State</b> FL
<b>Zip Code</b> 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**

*[Signature]*

**Date** 2/14/2003

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
DP	Thomas Jury	100 N. Myrtle Ave.	Jacksonville, FL 32204
V	Charolette Hall	100 N. Myrtle Ave.	Jacksonville, FL 32204
ST	Gary Jacobs	100 N. Myrtle Ave.	Jacksonville, FL 32204
D	Matthew Dominy	100 N. Myrtle Ave.	Jacksonville, FL 32204
D	Michael J. Blaylock	100 N. Myrtle Ave.	Jacksonville, FL 32204

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

2/17/03

Date

904 630 3165

Daytime Phone #

CR2E081 (10/02)

25 2/14