

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 3:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004803**

1. Corporation Name

EARTH DAY JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

117 W DUVAL ST
 SUITE 225
 JACKSONVILLE FL 32202
 US

117 W DUVAL ST
 SUITE 225
 JACKSONVILLE FL 32202
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3238364

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SHELLHOURN, JOHN M	117 W DUVAL ST SUITE 275	JACKSONVILLE FL 32202 LS
P	VELETA, CHRISTI	117 W DUVAL ST SUITE 225	JACKSONVILLE FL 32202
D	Barnovsky, Robert	7000 Roosevelt Blvd	JACKSONVILLE FL
S	SEXTON, VONDA	INDEPENDENT DR SUITE 3232	JACKSONVILLE FL 32202
IT	Jack Saye	4880 Bulls Bay Highway	JACKSONVILLE FL 32219
VP	Chris Bockley	3677 Ballestaro Dr S.	JACKSONVILLE FL 32257

8. Name and Address of Current Registered Agent

SCHNABEL, SUZANNE M
 1600 AMERICAN HERITAGE TOWER
 76 S LAURA ST
 JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **Christi Veleta**
 Street Address (P.O. Box Number is Not Acceptable) **117 W. Duval Street, Suite 225**
 Suite, Apt. #, Etc. **32202-3855-19-9**
 City **Jacksonville** State **FL** Zip **32202**
 Phone **904-385-5199**
 Fax **904-385-5199**
 Filing Date **03/16/01**
 State **FL** Zip **32202**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Christi Veleta **REGISTERED AGENT MUST SIGN**

Date

12-28-00

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., 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:

Suzanne M Schnabel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-00

Date

904-630-3692

Daytime Phone #

CR2E040 (8/00)