

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000002401

1. Corporation Name

JACKSONVILLE MARKETING AND ADVERTISING CLUB, IN
C.

Principal Place of Business

Mailing Address

2000-1 HENDRICKS AVENUE, #10
JACKSONVILLE FL 32207

2000-1 HENDRICKS AVENUE, #10
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FILED
00 DEC -1 PM 11: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

59-3430077

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STOKES, BOB Marko, Adam	WM. COOK, 225 WATER ST #1000 Marko Groud, 4800 Beach Blvd. Suite Two	JAX FL 32202 32207
D	MATTHEWS, BOBB Lucas, maria	WJXT-TV, 4 BROADCAST PL Scott McRae, 701 Fisk street Suite 200	JAX FL 32207 32204
D	KINSELLA, RAYLENE Emerick, AL	ST. JOHN'S PARTNERS 5220 BELFORD Another Cool Place, 4244 University Blvd.	JAX FL 32202 32216
D	LIFE, MICHAEL Karas, Sandy	WJXT-TV, 9117 HOGAN RD St. John's Partners 5220 Belfort	JAX FL 32202 32256
D	DEBBIE, MARY Lindsey, Angie	1120 GREGGWOOD ST JAX 200 8605 200 Parkway	JAX FL 32202 32218
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8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent *** 236.25

WILLIAM, KELLEY
1649 ATLANTIC BLVD
1010 BLACKSTONE BUILDING
JACKSONVILLE FL 32207

Name

Angela B. Lindsey

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

JACKSONVILLE 200

Suite, Apt. #, Etc.

8605 200 Parkway

City

Jacksonville

State

FL

Zip Code

32218

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

Angela B. Lindsey
REGISTERED AGENT MUST SIGN

Date 11-30-00

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:

Angela B. Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angie B Lindsey

11-30-00

Date

904-757-4463 ext. 210

Daytime Phone #

KE

CR2E040 (8/00)