

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # N98000003391

99AR

99 DEC -6 PM 5:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.

Principal Place of Business: P.O. BOX 16892 JACKSONVILLE FL 32245
 Mailing Address: P.O. BOX 16892 JACKSONVILLE FL 32245



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-351602	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				58.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR/PRESIDENT	JAMES D. McCLOE	8958 IVEY RD	JACKSONVILLE, FL, 32216
DIRECTOR/VICE PRES.	FAYE SWITZER	4257 MELROSE AVE	JACKSONVILLE, FL, 32210
DIRECTOR/SECRETARY	MARTHA McPHEETERS	7061 OLD KINGS ROAD #77	JACKSONVILLE, FL, 32217
DIRECTOR/TREASURER	ERIC McCLOE	8958 IVEY ROAD	JACKSONVILLE, FL 32216

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VICKERS, ANGELA 6956 LA MESA DR. W. JACKSONVILLE FL 32217		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 _____ Date _____
 REGISTERED AGENT MUST SIGN

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: James D. McCloe Date: 10/10/99 (904) 725-6159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 04/29/99 90059 016 01.25

CR2E240 (8/99)

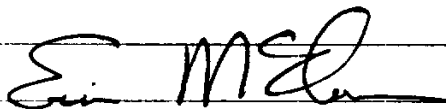
THIS IS THE RESUBMIT OF CHANGES THAT WERE
ASKED FOR BY YOUR OFFICE FROM THE
OBSESSIVE-COMPULSIVE FOUNDATION OF
JACKSONVILLE, INC.

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WE HAD RESUBMIT THIS PREVIOUSLY, SEE COPY.

ON DISCUSSION WITH THE DIVISION OF CORP. WE WERE
ASKED TO RESEND THE PAPERWORK.

FEES WERE PREVIOUSLY PAID.



TREASURER

OBSESSIVE-COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.