

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 19 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98-3391*

1. Corporation Name

**OBSESSIVE COMPULSIVE FOUNDATION OF
Jacksonville, Inc.**

600118326846
02/19/08--01032--016 **245.00

REINSTATEMENT *05-08*

2. Principal Office Address - No P.O. Box #
8495 BLUESTEM COURT

3. Mailing Office Address
8495 BLUESTEM COURT

Suite, Apt. #, etc.

City & State
JACKSONVILLE

Zip Country
FL USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/10/1998

5. FEI Number 593516602
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
MICHAEL W. BENNETT

Street Address (P.O. Box Number is Not Acceptable)
8495 BLUESTEM COURT

Suite, Apt. #, Etc.

City State Zip Code
JACKSONVILLE FL 32244-6025

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]*
REGISTERED AGENT MUST SIGN

Date *02/15/08*

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	MCDONAGH, LAURIE	2636 FOREST CIRCLE	JACKSONVILLE, FL 32257
DV	NIGHTINGALE, GAY	5193 CHARLEMAGNE ROAD	JACKSONVILLE, FL 32210
DS	MCPHEETERS, MARTHA	5937 CARREVERO DRIVE SOUTH	JACKSONVILLE, FL 32216
DT	BENNETT, MICHAEL	8495 BLUESTEM COURT	JACKSONVILLE, FL 32244

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 contained in Chapter 119, 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]

MICHAEL W BENNETT

Date *02/18/08*

Daytime Phone # *904-307-6548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

in 2/20