

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

*PS 182*

FILED

01 OCT 15 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006153**

1. Corporation Name

**MAYPORT MERCHANTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

619 ATLANTIC BLVD.  
ATLANTIC BCH FL 32233

619 ATLANTIC BLVD.  
ATLANTIC BCH FL 32233

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

10/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3231641

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

*See Attached Additions*

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DAVIDSON, MIKE JR	9650 ATLANTIC BLVD	JACKSONVILLE FL
T	MONAHAN, JOHN JR	619 ATLANTIC BLVD	ATLANTIC BEACH FL 32233
<del>S</del>	<del>WRIGHT, DIANE</del>	<del>BLDG 460 MAYPORT-NAVAL STATION</del>	<del>MAYPORT FL 32227</del>
<del>VP</del>	<del>MALO, RICK</del>	<del>3009 MAYPORT ROAD</del>	<del>MAYPORT FL 32203</del>
D	CROSS, JOHN D	PO BOX 007	MAYPORT FL 32267
D	BUSBIA, MORRIS	977 ATLANTIC BLVD	ATLANTIC BEACH FL 32033

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLANKENSHIP, KIMBERLY A ESQ.  
1300 MARSH LANDING PKWY., SUITE 108  
JACKSONVILLE BCH FL 32250

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

**SIGNATURE REQUIRED**

Date

*mw*

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:

*John Monahan, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01  
Date

904-846-1933  
Daytime Phone #

CR2E040 (8/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0012724 1/4

DOCUMENT # N99000006153

1. Entity Name  
**MAYPORT MERCHANTS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**619 ATLANTIC BLVD.**      **619 ATLANTIC BLVD.**  
**ATLANTIC BCH FL 32233**      **ATLANTIC BCH FL 32233**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3231641**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>BLANKENSHIP, KIMBERLY A ESQ.</b> <b>1300 MARSH LANDING PKWY., SUITE 108</b> <b>JACKSONVILLE BCH FL 32250</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVIDSON, MIKE JR</b> <b>9650 ATLANTIC BLVD</b> <b>JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Bill Howe</b> <b>75 N 11 St.</b> <b>JAX BCH FL 32250</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MONAHAN, JOHN JR</b> <b>619 ATLANTIC BLVD</b> <b>ATLANTIC BEACH FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONAHAN, JOHN JR</b> <b>619 ATLANTIC BLVD</b> <b>ATLANTIC BCH FL 32233</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WRIGHT, DIANE</b> <b>BLDG 460 MAYPORT NAVAL STATION</b> <b>MAYPORT FL 32227</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRIAN JAFFO</b> <b>4949 Blanning Blvd</b> <b>JAX FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MALO, RICK</b> <b>3003 MAYPORT ROAD</b> <b>MAYPORT FL 32203</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROSS, JOHN D</b> <b>PO BOX 007</b> <b>MAYPORT FL 32267-0007</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bill McLoughlin</b> <b>7019 Cypress Bridge Dr.</b> <b>ROUTE VEORA BCH FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSBIA, MORRIS</b> <b>977 ATLANTIC BLVD</b> <b>ATLANTIC BEACH FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      SIGNATURE REQUIRED

CR2E037 (10/00)



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KIMBERLY A. BLANKENSHIP, ESQ.

DEBORAH W. TAYLOR, ESQ.

RICK FAIRWEATHER, ESQ.

MARY BETH VAN DER ZEE, ESQ.

October 12, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O.B. 6327  
Tallahassee FL 32314-6327

Re: **Mayport Merchants Association, Inc.**  
**Doc # N99000006153**

Dear Clerk:

On behalf of the above referenced nonprofit organization, I am asking your department to waive the reinstatement fee. Mayport Merchant's Treasurer, John Monahan, Jr., states that he submitted the annual report to your department on July 13, 2001. I am enclosing a copy of the duplicate check he included with the report that was evidently lost in the mail.

Your agent instructed me to provide that information along with an updated list of officers for the nonprofit organization. I have enclosed a check for \$61.25 to cover the annual reporting fee.

Thank you for your consideration in this matter.

Very truly yours,



Tad A. Cliplef

Enclosures

cc: Mayport Merchants Association, Inc.

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CHECK HERE IF TAX DEDUCTIBLE ITEM


**PORT MERCHANTS ASSOCIATION**      \$ 0748

63-1427/631  
BRANCH 002

07-13-01

BAL. FORD	
THIS ITEM	61.25
BALANCE	
DEPOSIT	
OTHER	
BAL. FORD	

Dept. of State Florida  
 sixty one dollars & <sup>85</sup>/<sub>100</sub> cents

**Oceanside Bank**  Neptune Beach, FL

Acc # N99 0000 6153  
 2001 Uniform Business Grant

⑆063114276⑆ 0205006101⑆ 0748

**NOT NEGOTIABLE**