

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 FEB -3 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/06/97--01009--003  
\*\*\*\*383.75 \*\*\*\*383.75



DOCUMENT # **N45495**

1. Corporation Name

**THE NORTHEAST FLORIDA CHAPTER OF THE FASHION GROUP INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**ONE RIVERSIDE DRIVE  
JACKSONVILLE FL 32202-4904**

**ONE RIVERSIDE DRIVE  
JACKSONVILLE FL 32202-4904**

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.

**1967 SAN MARCO BLVD.**

**1415 PALM AVE.**

City & State

City & State

**JACKSONVILLE, FL**

**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32207**

**DUVAL**

**32207**

**DUVAL**

4. Date Incorporated or Qualified To Do Business in Florida

**10/07/1991**

5. FEI Number

**59-2923945**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SHARON COOPER	8188 WEKIVA WAY	JACKSONVILLE, FL 32256
D	BETSY DAVIS	3939 ROOSEVELT BLVD.	JACKSONVILLE, FL 32205
D	JENNY COCANOUGH	3570 BEAULERC ROAD	JACKSONVILLE, FL 32257
D			
D			
T	MARTHA CESERY TAYLOR	1415 PALM AVE.	JACKSONVILLE, FL 32207

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SOL H. PROCTOR, ESQ.**  
**233 E. BAY STREET**  
**15 BLACKSTONE BUILD.**  
**JACKSONVILLE, FL 32202**

**SOL H. PROCTOR, ESQ.**  
**233 E. BAY STREET**  
**1015 BLACKSTONE BUILDING**  
**JACKSONVILLE**

State **FL** Zip Code **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

*[Signature]*

Date **11-13-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-13-96**