

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706829

1. Corporation Name

San Jose Forest Association, Inc.

2. Principal Office Address

2233 Segovia Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32217

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/14/1964

5. FEI Number

59-2559744

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

William R Morrow Jr

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

2233 Segovia Avenue

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32217

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

W.R. Morrow Jr

REGISTERED AGENT MUST SIGN

Date 2-7-2003

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
Pres	William R Morrow Jr	2233 Segovia Avenue	Jacksonville, FL 32217
Treas	Mary Louise Hurt	2165 Segovia Avenue	Jacksonville, FL 32217
Board	Sally Hazelip	2317 Segovia Avenue	Jacksonville, FL 32217
Board	Brenna Demetree	6736 LaLoma Drive Avenue	Jacksonville, FL 32217
Board	Mary Wheatley	6809 LaLoma Drive	Jacksonville, FL 32217
Board	Betty Jean S. Lewis	2329 Segovia Avenue	Jacksonville, FL 32217

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 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:

W.R. Morrow Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Morrow, Jr
Chairman
2-7-2003

Date

Daytime Phone #

904-448-2421

CR2E081 (10/02)