

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 APR 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717123

1. Corporation Name

JACKSONVILLE URBAN LEAGUE HOUSING, HEALTH
AND COMMUNITY DEVELOPMENT FOUNDATION, INC.

2. Principal Office Address

903 W. UNION STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32204

Country

U.S.A.

3. Mailing Office Address

SAME AS OFFICE ADDRESS

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

23-7095139

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

RICHARD DANFORD

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

903 W. UNION STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32204

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

Richard Danford
REGISTERED AGENT MUST SIGN

Date

4-10-01

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
CHAIR	JIM TAYLOR	4825 IROQUOIS AVENUE	JACKSONVILLE, FL 32210
V-CHAIR	CARLTON JONES	600 WHARFSIDE WAY	JACKSONVILLE, FL 32207
PRES.	RICHARD DANFORD	903 W. UNION STREET	JACKSONVILLE, FL 32204
			SP

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:

Richard Danford

RICHARD DANFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-01

904-366-3466

Daytime Phone #

CR2E081 (9/00)