

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 719279

1. Corporation Name

THE ST. JOHNS ROOM, INC.

Principal Place of Business

500 WATER STREET-J150
JACKSONVILLE FL 32202
US

Mailing Address

500 WATER STREET
JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1970

5. FEI Number

59-1303729

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	GREENE, R.J.	1668 PARK TERRACE W.	ATLANTIC BEACH FL
D/V	BASNEY, W.C.	2630 CASTLE ROAD	JACKSONVILLE FL
D	SHAUGHNESSY, NORMA	3154 OLD PT. CIRCLE E.	JACKSONVILLE FL
D	WOOTEN, JAMIE Y., JR.	1786 PROVIDENCE HOLLOW LANE	JACKSONVILLE FL
D	BRANTLEY, LANA F.	1301 LAKEWOOD DRIVE	JACKSONVILLE FL
STD	BELL, JUDY P.	5804 PERCH DRIVE N.	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

BASNEY, WILLIAM C.
500 WATER STREET-SPEED CODE J150
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002352283--9

11/19/97-01095-012

***236.25 Date ***236.25

FL

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

William C. Basney

REGISTERED AGENT MUST SIGN

Date

11/12/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

Judith P. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1297

Date

Daytime Phone #

564-1686

404

CR25040 (9/97)

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THE ST. JOHNS ROOM INC.
CSX TRANSPORTATION BUILDING
500 WATER STREET, J440
JACKSONVILLE, FL 32202

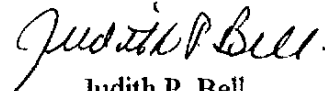
NOVEMBER 12, 1997

Annual Reports Section
Division of Corporations
P. O. Box 1500
Tallahassee, fl 32302-1500

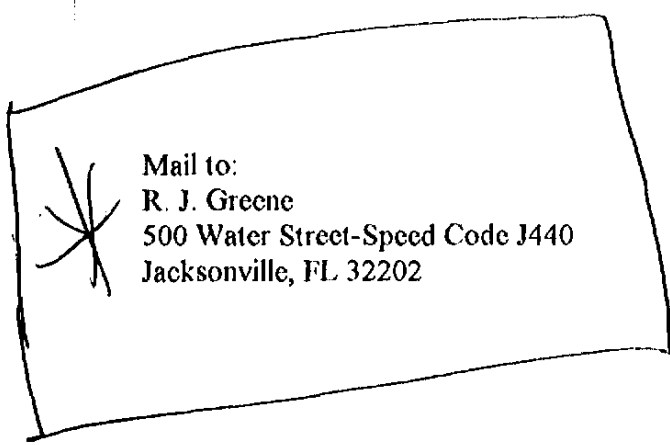
Gentleman:

I am attaching the 1997 Annual Report of the St. Johns Room Inc. and Check No. 281 in the amount of \$236.25 (including \$175.00 Reinstatement Fee) payable to the Department of State. Since there has been some difficulty receiving the annual report in the past, please send future reports to the address listed below. If I can be of assistance, please advise.

Sincerely,



Judith P. Bell
Secretary-Treasurer



Mail to:
R. J. Greene
500 Water Street-Speed Code J440
Jacksonville, FL 32202