

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 JAN -9 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722903

1. Corporation Name

METRO JACKSONVILLE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1072 DETROIT CIR
JACKSONVILLE FL 32254
US

1072 DETROIT CIR
JACKSONVILLE FL 32254
US

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

~~851 NORTH MARKET STREET~~
Suite, Apt. #, etc.

~~851 NORTH MARKET STREET~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1972

5. FEI Number

59-2278619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

Zip Country
32202-2798 DUVAL

Zip Country
32202-2798 DUVAL

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
STD	LOMBARDI, R.L. E. K. MCCORMACK, JR.	1072 DETROIT CIR 2935 KNIGHTS LANE EAST	JACKSONVILLE FL 32216
PD	KRESTALUDE, LARRY	4107 COQUINA DR	JAX FL
VD	MUSSELEH, NORMAN	2262 LARCHMONT RD	JACKSONVILLE FL
			588882398635-4 -01/13/98--01081-006 ****236.25 9/19/98
			REINSTATEMENT

8. Name and Address of Current Registered Agent

~~LOMBARDI, R.L.~~
~~1072 DETROIT CIR~~
~~JACKSONVILLE FL 32254~~

9. Name and Address of New Registered Agent

Name
E. K. MCCORMACK, JR.
Street Address (P.O. Box Number is Not Acceptable)
851 N. MARKET STREET
Suite, Apt. #, Etc.
Room 104
City
JACKSONVILLE
State
FL
Zip Code
32202-2798

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

E. K. McCormack, Jr.

REGISTERED AGENT MUST SIGN

Date 1-8-98

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:

E. K. McCormack, Jr.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-98

Date

904-733-1558

Daytime Phone #

CH2040 (8/97)