

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 DEC 18 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



300003524539--9

-01/05/01--01022--010

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/1973

5. FEI Number

59-2413842

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # 726622

1. Corporation Name

PALM VALLEY CIVIL DEFENSE ASSOCIATION, INC.

Principal Place of Business

148 CANAL BLVD  
PONTE VEDRA BEACH FL 32082  
US

Mailing Address

148 CANAL BLVD  
PONTE VEDRA BEACH FL 32082  
US

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

2. New Principal Office Address, If Applicable

130 Canal Blvd

Suite, Apt. #, etc.

City & State

Ponte Vedra Fla

Zip 32082 Country U.S.

3. New Mailing Office Address, If Applicable

130 Canal Blvd

Suite, Apt. #, etc.

City & State

Ponte Vedra Fla

Zip Fla Country U.S.

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	City / State / Zip
PD	STEVENS, ANDREW W	4585 PALM VALLEY RD	PONTE VEDRA BCH FL 32082
VPD	VONA, AARON N	58 S ROSCOE BLVD	PONTE VEDRA BCH FL 32082
TD	COE, GAIL	119 DOLPHIN BLVD.	PONTE VEDRA BCH FL 32082
SD	PHILLIPS, ROBERT W III	150 VERA CRUZ DR #525	PONTE VEDRA BEACH FL 32082
C	NELSON, MARK C	12314 S WILDERNESS TRAIL	PONTE VEDRA BEACH FL 32082

REINSTATEMENT

8. Name and Address of Current Registered Agent

PHILLIPS, ROBERT W III  
148 CANAL BLVD  
PONTE VEDRA FL 32082

9. Name and Address of New Registered Agent

Name Steve Sciutto  
Street Address (P.O. Box Number is Not Acceptable) 24 1/2 Wilderness Tr S.  
Suite, Apt. #, Etc.  
City Ponte Vedra State FL Zip Code 32082

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/26/2000

11. 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:

SIGNATURE REQUIRED  
Andrew Stevenson 11/27/00 904-285-6555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #