


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 22 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728140 1. Entity Name THE AMERICAN PATRIOTIC COMMISSION OF JACKSONVILLE, FLORIDA, INC.	
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Principal Place of Business 6842 ST AUGUSTINE RD JACKSONVILLE, FL 32217 US	Mailing Address 6842 ST AUGUSTINE RD JACKSONVILLE, FL 32217 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



6. Name and Address of Current Registered Agent RINAMAN, (JAMES C. JR.) 1200 RIVERPLACE BOULEVARD SUITE 800 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James C. Rinaman By George M. Linville with Permission 12.17.08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINVILLE, (GEORGE M.) 6842 ST. AUGUSTINE ROAD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138325934 12/01/08--01040--012 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINAMAN, (JAMES C. JR.) 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/2/22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: George M. Linville 11-24-08 904 535 3550
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #