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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735320

1. Corporation Name
Here's Life Jacksonville, Inc.

REINSTATEMENT Out of

5/3/04 90683 016 - 41.25
CR2EUB1 (1/07)

2. Principal Office Address - No P.O. Box
5840 Mount Carmel Terr.

3. Mailing Office Address
100 Lake Hart Dr.

Subs. Apt. #, etc.
MC 3500

City & State
Jacksonville, FL

City & State
Orlando, FL

Zip
32216 USA

Zip
32832 USA

4. Date Incorporated or Qualified To Do Business in Florida
3-18-1976

5. FID Number
99-1707033

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Applicable)
1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0600, F.S.

Signature of Registered Agent
Anthony LiCausi

Anthony LiCausi
Vice President

Date
12-18-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Ben Goldsmith	3172 Spring Glen Rd.	Jacksonville, FL 32207
D/VP	Jim Young	8132 Wekiva Way	Jacksonville, FL 32258
D/S	Doug Milne	P.O. Box 7691	Jacksonville, FL 32238
D/T	Nancy Ulrich	1329 Kingsley Ave. Ste. A	Orange Park, FL 32073
D	David Strathman	11374 Tacito Creek Dr. S	Jacksonville, FL 32223
	Please see attachment A for remaining directors		

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 contained in Chapter 119, 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: **Ben F. Goldsmith** **BEN F. GOLDSMITH** **12/17/07** **904-708-5162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Attachment A: Directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Dave Austeil	1480 Belvedere Avenue	Jacksonville, FL 32205
D	Ed Dawkins	2918 Myra Street	Jacksonville, FL 32205
D	David Eure	1452 Kingsley Avenue #143	Orange Park, FL 32073
D	Henry Freeman	4737 Carlisle Road	Jacksonville, FL 32210
D	Tony Price	12207 Lake Fern Dr. East	Jacksonville, FL 32258
D	Doug Ward	1645 Country Walk Dr.	Orange Park, FL 32003