

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY - 1 AM 10:08

DOCUMENT # 137774

1. Corporation Name

JACKSONVILLE COMMODORES LEAGUE

2. Principal Office Address

4504 MILSTEAD RD  
Suite, Apt. #, etc.

3. Mailing Office Address

4504 MILSTEAD RD  
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1977

5. FEI Number

59-1804899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GIFFORD GRANGE

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

1650 EPPING FOREST WAY No. UNIT # 110

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

April 18, 2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	ED GREY	9652 BEAULIERC	JACKSONVILLE, FL 32257
VP	HENRY BECKWITH	3217 HIGHWAY 17 So	ORANGE PARK, FL 32073
D.	GIFFORD GRANGE	1650 EPPING FOREST WAY N #110	JACKSONVILLE, FL 32217
D.	LANE BURNETT	331 E. UNION ST.	JACKSONVILLE, FL 32202
D.	BOB GAY	4961 ORTEGA FARMS BLVD	JACKSONVILLE, FL 32210

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
GIFFORD GRANGE, JR.

Date

904 X 389-3634

Daytime Phone #

CR2E081 (10/02)



April 23, 2003

Attn: Eula Peterson  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Peterson:

Per your request, I am returning our application for reinstatement of corporation along with a copy of our original letter requesting the waiving of penalty fees in the reinstatement of our non-profit organizational corporation with the State of Florida. Included with this letter was our check in the amount of \$236.25. As noted, we did not receive any renewal forms since 2001 as the last registered agent, Jerry Evans, died several years ago with no relatives known at his address to forward the materials on to our organization.

Since originally submitted on February 7, this application has been returned three times for additional funds and/or for signatures. Per our phone conversation today, payment of \$183.75 should satisfy the reinstatement of this non-profit corporation. Should you require additional information regarding this application, I can be reached by fax at 904-384-4087, by phone 904-389-3634 or by email at schrgh@yahoo.com. Your assistance in helping us get our corporation reinstated is sincerely appreciated.

Yours truly,

Suzanne Heinzl  
Executive Secretary

encl: application, letter dated 2/7/03