

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP 10 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739152

1. Corporation Name

Joseph E. Lee Development Center, Inc.

2. Principal Office Address

1424 E. 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3900 Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip Country

32206

City & State

Jacksonville, Florida

Zip Country

32207

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/24/77

5. FEI Number

06 0326500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Howard A. Caplan, Attorney, PA

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

3900 Atlantic Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32207

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**

Howard A. Caplan

REGISTERED AGENT MUST SIGN

Date

9/4/01

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
C, D	Terri Suggs	4320 Sunbeam Road, #1212	Jacksonville, FL 32257
P, D	Carrose Thomas	PO Box 2924	Jacksonville, FL 32203
V, D	Jerry Hinton	2359 Covington Creek Cir.	Jacksonville, FL 32224
S, D	Felicia Jackson	8760 Kersey Drive	Jacksonville, FL 32216
D	Russell Motley	11946 South Harbour Cove Drive	Jacksonville, FL 32225
D	Julia Askew	PO Box 23023	Jacksonville, FL 32241-3023

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:

Carrose Thomas

Carrose Thomas, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/01


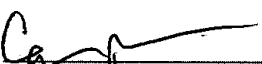
904-476-4186

Daytime Phone #

CR2E061 (9/00)

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739152			
1. Corporation Name Joseph E. Lee Development Center, Inc.			
Continuation Sheet			
2. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City		State FL	Zip Code
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 _____ Date _____			
REGISTERED AGENT MUST SIGN			
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
D	Robin Mungin	602 Billingsgate Ln. E.	Jacksonville, FL 32241
D	Crendall Blackwell	PO-Box-2924	Jacksonville, FL-32203
D	Charles Cannon	915 Lake Asbury Drive	Green Cove Springs, FL 32043
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: 		Carrose Thomas, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

8/28/01

CR2001 (9/00)