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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 21 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746152

1. Corporation Name

Kirby-Smith Camp Number 1209,
Sons of Confederate Veterans, Inc.

REINSTATEMENT 87-04

2. Principal Office Address	3. Mailing Office Address
c/o Michael W. Fisher Fisher, Tousey, Leas & Ball	Same
Suite, Apt. #, etc. One Independent Drive Suite 2600	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip: 32202 Country: USA	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/1979

5. FEI Number: 59-2440808 ☐ 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: Michael W. Fisher
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive
Suite, Apt. #, Etc.: Suite 2600
City: Jacksonville State: FL Zip Code: 32202

9/21/04

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: 9/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Mike May	1443 Belvedere Avenue	Jacksonville, FL 32210
D	Joe Clark, Sr.	4919 Prince Edward Rd	Jacksonville, FL 32210
T	C.E. Brewster	2970 St. Johns Ave 8-C	Jacksonville, FL 32205
D	Harris Morgan	909 Arlingwood Avenue	Jacksonville, FL 32211
D	Ray Bullard	4705 Wadham Lane	Jacksonville, FL 32210
D	Michael W. Fisher	One Independent Dr., 2600	Jacksonville, FL 32202

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: _____ 9/10/04 904-358-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

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Florida Department of State

Division of Corporations
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Division of Corporations
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From:
Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904)356-2600
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CORPORATION REINSTATEMENT

KIRBY-SMITH CAMP NUMBER 1209, SONS OF CONFEDERATE VE

Certificate of Status	1
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1989 Notices were not received.