PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 AM 7: 14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 749652

1. Corporation Name Jacksonville Chess Club, Inc.

REINSTATEMENT 00-03

2. Principal Office Address	**3.** Mailing Office Address
9911 Old Baymeadows Rd.	P.O. Box 58101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Jacksonville, FL	Jacksonville, FL

Zip	Country	Zip	Country
32256	USA	32241	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1997386   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 Bradley Zang

Street Address (P.O. Box Number is Not Acceptable)
4303 Felling Leaf Ct

4000147718 74
03/26/03--01055--021 **42 .75

Suite, Apt. #, Etc.

City Jacksonville Fl   State FL   Zip Code 32258

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 _____ REGISTERED AGENT MUST SIGN   Date 3/22/2003

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
P	Anthony Hemphill	7200 Powers Ave.; #8	Jacksonville, FL
S	Joe Jackson	8008 Whisper Lke Ln E	Ponte Vedra Bch, FL
T	Don Miller	6511 Bo-Peep Dr. N	Jacksonville, FL
D	J. Scott Pfeiffer	422 S. 2nd St.	Jacksonville Bch., FL
D	Bradly Zang	4303 Falling Leaf Ct.	Jacksonville, FL
D	Joseph Ware	2058 Redwing St.	Jacksonville, FL

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: Donald G. Miller / Donald G. Miller   3/25/2003   904.781.4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)