

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

147
 THIS IS FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 OCT 18 PM 12:09
made in April, 2001

DOCUMENT # **752322**

1. Corporation Name

EXECUTIVES' ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

10139 CROSS GREEN WY
 JACKSONVILLE FL 32256-7101
 US

Mailing Address

10139 CROSS GREEN WAY
 JACKSONVILLE FL 32256-7101
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1980

5. FEI Number

59-0237225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MCCOIN, DON	6805 ARLINGTON XWAY	JACKSONVILLE FL 32211
VPD PD	LEON, JOHN	P.O. BOX 5400	JACKSONVILLE FL 32247
DTS VPD	SEAVLETT, STAN Seavlett	4540 SOUTHSIDE BLVD. #902	JACKSONVILLE FL 32216
ED	SEVERANCE, JAY L JR.	10139 CROSS GREEN WY	JACKSONVILLE FL 32256-7101
SD	Mark Stowe	4148 Herschel St.	Jax, Fla. 32210

8. Name and Address of Current Registered Agent

SEVERANCE, JAY L JR
 10139 CROSS GREEN WAY
 STE. J
 JACKSONVILLE FL 32256-7101

9. Name and Address of New Registered Agent **SP**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jay Severance
 REGISTERED AGENT MUST SIGN

Date **10-15-01**

11. 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:

Jay L. Severance, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01

Daytime Phone #

(904) 646-1993

CR2040 (8/01)



The Executives' Association²⁴² of Jacksonville, Inc.

10139 Cross Green Way • Jacksonville, Fla. 32256-7101
Telephone (904) 646-1993 • FAX (904) 645-0631

October 15, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

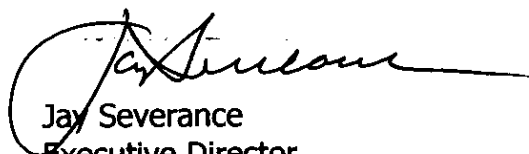
RE: 2001 Uniform Business Report, Executives' Association of Jacksonville

The Executives' Association of Jacksonville filed our 2001 Uniform Business Report, along with a check for \$61.25 in April, 2001.

Apparently, as discovered in a conversation with "Shawn" in your office earlier today, something was not included on the form. We did not receive any further notification, and were unaware of any discrepancy until receiving notice recently. I have updated the information on Document #752322, which is enclosed. Also, I am including a copy of our check #1283, which paid the 2001 fee. I trust this will correct any problems. Please notify me if this is not the case.

Thank you for your prompt attention.

Sincerely,



Jay Severance
Executive Director
The Executives' Association of Jacksonville