

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # 754979

1. Corporation Name

JACKSONVILLE CRAFT AND HOBBY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2839 W. BEAVER ST.
JACKSONVILLE FL 32205

2839 W. BEAVER ST.
JACKSONVILLE FL 32205

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/04/1980	
City & State		City & State		5. FEI Number	
Zip		Zip		26-3746852	
Country		Country		Applied For	
32254		32254		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	TILLMAN, BARBARA	3279 SUNNY BROOK AVE.	JACKSONVILLE FL
VD	BENNETT, JOSEPHINE	3561 DUANE AVE.	JACKSONVILLE FL 32218
D	HILDEBRAND, HAZEL	1211S CISCO RD. N.	JACKSONVILLE, FL 00000
SD	PARKS, MARJORIE	2764 SUNNY ACRES DR. N.	JACKSONVILLE FL 32218
TD	PATTERSON, GLORIA	1584 W 12TH ST	JACKSONVILLE, FL 00000
000003526330--LS -01/08/01--01013--007			

8. Name and Address of Current Registered Agent		9. Name and Address of Registered Agent	
STEWART, TOM B JR 3250 BEACH BLVD. JACKSONVILLE FL 32207		Name Oliver E. McNaair Street Address (P.O. Box Number is Not Acceptable) 2839 W. Beaver St. Suite, Apt. #, Etc. City Jacksonville State FL Zip Code 32254	

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 DISIGNATURE REQUIRED Date 12/15 /00
REGISTERED AGENT MUST SIGN

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: DISIGNATURE OF FRED MENDIR Date 12/15 /00 904-388-2640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

00 DEC 22 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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