

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759260

1. Corporation Name

NORTHEAST FLORIDA WHEELCHAIR BASKETBALL, INC

2. Principal Office Address

8343 Princeton Sq. Bv E

Suite, Apt. #, etc.

307

City & State

Jacksonville, FL.

Zip

32256

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/81

5. FEI Number

Not Applicable

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

Arthur Green

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

8343 Princeton Sq. Blvd. E.

Suite, Apt. #, Etc.

307

City

Jacksonville,

REINSTATEMENT 95-00 TS

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06/28/00--01076--018

State of Florida
FL ***551.25 ***551.25
32256

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 05/31/00

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
P	Arthur Green	8343 Princeton Sq. Bv. E.	Jacksonville FL. 32256
VP	Eric Doughty	2508 St. John Blvd.	Jacksonville, Bch. 32250
D	Greg Monarkres	2508 St. John Blvd.	Jacksonville Bch. 32250
D	Vincent Clavizzao	44 Perrotti Ln.	Palm Coast FL. 32023 Palm
T	Louella Benjamin	21 Wasserman Dr.	Palm Coast, FL. 32145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR GREEN

05/31/00 (904)636-0755

Date

Daytime Phone #

CR2E081 (9/99)