NOV. 9. 1999 3:06PM EAD, FOLEY & LARDNER ONS BEFORE COMPLETING TH NO. 2724 M. P. 2

(1)

APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 NOV -9 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48829

1. Corporation Name

CEDAR RIVER DEVELOPERS, INC.

Principal Place of Business	Mailing Address
200 LAURA ST. JACKSONVILLE FL 32202	200 LAURA ST. JACKSONVILLE FL 32202

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/24/1986

5. FEI Number: 59-2769401 — Applied For ☐ Not Applicable ☐ SP

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HIXON, JOSEPH M.	200 LAURA ST	JACKSONVILLE FL
VSD	COMMANDER, CHARLES E.III	200 LAURA ST	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

COMMANDER, CHARLES E. III
200 LAURA STREET
JACKSONVILLE FL

9. Name and Address of New Registered Agent

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: Chas E. Commander — Date: 11/8/99
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: Chas E. Commander — 11/8/99 (904) 359-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX AUDIT NO. H990000285132

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(2)

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

CORPORATION REINSTATEMENT

CEDAR RIVER DEVELOPERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00