

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93457

1. Corporation Name

JGCC PROPERTIES, INC.

REINSTATEMENT 02-03

2. Principal Office Address

1200 RIVER PLACE BLVD

3. Mailing Office Address

1200 RIVER PLACE BLVD

Suite, Apt. #, etc.

SUITE 902

Suite, Apt. #, etc.

SUITE 902

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1989

5. FEI Number

592955474

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

BEN T. FRANKLIN, JR.

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

903 RIVER OAKS ROAD

600013541786

Suite, Apt. #, Etc.

03/05/03--01028--009 **1050.00

City

JACKSONVILLE

State

FL

Zip Code

32207

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 2/28/03

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
DVS	G. BRUCE DOUGLAS	814 HWY A1A N SUITE 201	PONTE VEDRA BEACH, FL 32082
DPT	BEN T. FRANKLIN, JR.	903 RIVER OAKS ROAD	JACKSONVILLE, FL 32207

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)(f), 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]

BEN T. FRANKLIN

2/28/03

904-399-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)