

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00000000502**

1. Corporation Name

DISABLED AMERICAN VETEREANS AUXILIARY Inc Jacksonville #1

400172797594  
03/22/10--01055--006 \*\*61.25

CR2E081 (11/09)

10

2. Principal Office Address - No P.O. Box #  
1439 PARENTAL HOME RD

3. Mailing Office Address  
1439 PARENTAL HOME RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida 01/19/2000

5. FEI Number

23-7331198

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

MARIAN E RICKMAN

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

2614 EMILY DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Marian E Rickman*  
REGISTERED AGENT MUST SIGN

Date 3-17-10

**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	BILLIE JEAN CHRISTIAN	3005 ANNISTON ROAD	JACKSONVILLE, FL 32246
SV/PI/C	PHYLLIS UNDERWOOD	3032 ALSONSO ROAD	JACKSONVILLE, FL 32216
JN/PI/C	MARJORIE PAINE	414 JAX ESTATES DRIVE S	JACKSONVILLE, FL 32218
S/T/D	MARIAN E RICKMAN	2614 EMILY DRIVE	JACKSONVILLE, FL 32216

10. E-mail Address: papabudd@live.com

(To be used for future annual report notification)

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. I further certify, 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:

*Billie Jean Christian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 17, 2010

Daytime Phone #

B. Mitchell

MAR 22 2010

904-863-4968  
904-625-9240