

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 29 PM 5:15  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000003176**

1. Corporation Name

**THE NEW LACKAWANNA ATHLETIC ASSOCIATION INC.**

Principal Place of Business

1029 EDGEWOOD AVE N  
JACKSONVILLE FL 32254

Mailing Address

1029 EDGEWOOD AVE N  
JACKSONVILLE FL 32254



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

05/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3649437

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	RAWLS, CRAIG A	6011 CARNATION RD	JACKSONVILLE FL 32209
VD	DIXON, JUANITA	5336 QUAN DR.	JACKSONVILLE FL 32205
SD	DONLEY, MELTONIA	7628 J.F.K. DR.W.	JACKSONVILLE FL 32219
VD	Meltonia Jefferson	2350 Gabriel DR	ORANGE PARK FL 32073
PD	ART Williams	1151 W 24 St	Jacksonville FL 32209
TD	Keith CURRY	PO Box 47331	Jacksonville FL 32247

8. Name and Address of Current Registered Agent

DONLEY, MELTONIA  
2998 EDISON AVE.  
JACKSONVILLE FL 32254

9. Name and Address of New Registered Agent

Name  
Meltonia Jefferson  
Street Address (P.O. Box Number is Not Acceptable)  
2350 Gabriel DR  
Suite, Apt. #, Etc.

City  
Orange Park

State

FL

Zip Code

32073

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. or 617.0505, F.S.

Signature of  
Registered Agent

Meltonia Jefferson  
REGISTERED AGENT MUST SIGN

Date

10/18/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

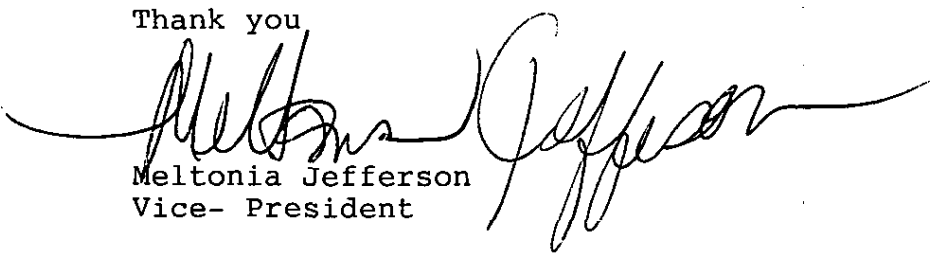
CR2E040 (7/03)

The New Lackawanna Athlectic Ass. Inc.  
1029 Edgewood Ave N.  
Jacksonville, Fl 32254

To whom it may concern:

I Meltonia Jefferson the registered Agent for the above name Association am writting this letter in reference to the reinstatement application. I did not receive the information that was sent to me in September. I understand that the check has been cash and with this letter and the corrected information you will be able to reinstate the Association Incorporation statu se. I have enclosed the application with this letter.

Thank you

  
Meltonia Jefferson  
Vice- President