

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 18 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00 000007852

1. Corporation Name

Paxon/Habijak Neighborhood Corporation

700038077847
06/18/04--01007--024 **297.50

2. Principal Office Address

3417 Deer Street

Suite, Apt. #, etc.

3. Mailing Office Address

3417 Deer Street

Suite, Apt. #, etc.

City & State

Jax. FLORIDA

Zip

32254

Country

U.S.

City & State

Jax. FLORIDA

Zip

32254

Country

U.S.

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/2001

5. FEI Number

753068818

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

GLORIA DANIELS

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

3417 DEER STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

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

Gloria Daniels

Date

May 4, 2004

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
PD	GLORIA DANIELS	3417 DEER STREET	JAX., FL 32254
VD	WAYNE JOHNSON	3430 DEER STREET	JAX., FL 32254
TD	FRANCES SALMON	3444 DEER STREET	JAX., FL 32254
SD	MARGUERITA BROWN	3424 DEER STREET	JAX., FL 32254

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:

GLORIA DANIELS

Gloria Daniels

May 4, 2004

(904)

610-9437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)