


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  10 APR -8 PM 2:51  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> NO10000000052			
1. Corporation Name <b>JACKSONVILLE Semper Fidelis Society, INC</b>			
2. Principal Office Address - No P.O. Box # <b>4942 WILD HERON WAY</b>		3. Mailing Office Address <b>P.O. BOX 28188</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>	
Zip <b>32225</b>	Country <b>USA</b>	Zip <b>32226</b>	Country <b>USA</b>
7. Name and Address of Current Registered Agent		<b>REINSTATEMENT 08-10</b>  <b>600174997286</b> 04/08/10--01043--004 **183.75 CR2E081 (11/09)	
Name <b>WALTER R. BARNES III</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>12914 BEAUTYBERRY CIR S.</b>			
Suite, Apt. #, Etc.			
City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32246</b>	
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 <b>Walter R Barnes III</b>		Date <b>4/5/10</b>	
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
<b>PD</b>	<b>JESSE VAUGHN</b>	<b>2460 THE WOODS DR</b>	<b>JACKSONVILLE, FL 32246</b>
<b>SD</b>	<b>ROBERT P. ADLHELM</b>	<b>4942 WILD HERON WAY</b>	<b>JACKSONVILLE, FL 32225</b>
<b>TD</b>	<b>WALTER R. BARNES III</b>	<b>12914 BEAUTYBERRY CIR W</b>	<b>JACKSONVILLE, FL 32246</b>
<b>D</b>	<b>SHARON LEAHY</b>	<b>6496 SILVER GLEN DR</b>	<b>JACKSONVILLE, FL 32258</b>
<b>D</b>	<b>PAUL McLAUGHLIN</b>	<b>735 SELVA LAKE CIR</b>	<b>ATLANTIC BCH, FL 32233</b>
<b>D</b>	<b>HEYWOOD A. DOWLING</b>	<b>905 EAST</b>	
10. E-mail Address: <b>JSFS_USMC@GMAIL.COM</b> <small>(To be used for future annual report notification)</small>			
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: <b>Walter R Barnes III, TREAS.</b>		Date <b>904-608-1362</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

WALTER R. BARNES, III

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