

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000003201**

1. Corporation Name

EASTSIDE HISTORICAL COMMUNITY FOUNDATION, INC.

Principal Place of Business

818 A PHILIP RANDOLPH BLVD
JACKSONVILLE FL 32206

Mailing Address

818 A PHILIP RANDOLPH BLVD
JACKSONVILLE FL 32206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2001

5. FEI Number

59-3721116

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WILLIAMS, HARRY L II Director	1151 VAN BUREN ST	JACKSONVILLE FL 32206
DV	FAYSON, LEE	868 IONIA ST	JACKSONVILLE FL 32206
DS	THOMPSON, JUDY Director	818 A PHILIP RANDOLPH BLVD	JACKSONVILLE FL 32206
DT	VICKERS, VERONICA	5550 MAHALIA DR	JACKSONVILLE FL 32209
DS	Helen S. Mitchell	936 Ionia St	JAX 400009148344
			11/21/02--01022--018 **113.75

8. Name and Address of Current Registered Agent

PREMIER FINANCIAL CORP.
C/O JOSEPH CHAPPELLE
112 W ADAMS ST #816
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name: LEE FAYSON JR
Street Address (P.O. Box Number is Not Acceptable): 7925 MERRILL RD Suite 1912
Suite, Apt. #, Etc.: JAX
City: FL State: FL Zip Code: 32277

CR2E040 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/21/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

11/21/02

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This letter is to certify
that Eastside Historical Communication
Foundation did not receive any
U.B.R. Notice from the State because
of a change of Address. Please
write any Penalty Fees.

Dee Foyon Jr