

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005452

1. Corporation Name

JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.

Principal Place of Business

C/O MICHAEL BARBER
9655 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32257

Mailing Address

C/O MICHAEL BARBER
9655 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32257

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

REINSTATEMENT

02

EDUCATION FOUNDATION INC.

4. Date Incorporated or Qualified To Do Business in Florida

07/30/2001

5. FEI Number

59-3735012

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
DT	BARBER, MICHAEL	9655 OLD ST. AUGUSTINE RD.	JACKSONVILLE FL 32257
	BILL SWANN	4301 UNIVERSITY SOUTH	JACKSONVILLE FL 32216
DP	CANNADY, ANDY	8655 PHILIPS HWY.	JACKSONVILLE FL 32256
DS	VANNATTER, JAMES	1100 BLANDING BLVD.	ORANGE PARK FL 32065
DY	STEPHEN CAREY	5859 WENDING DR.	JACKSONVILLE FL 32244

900009089719

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8. Name and Address of Current Registered Agent

AKEL, EDWARD C
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Andy Cannady

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 11-15-02

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:

Andy Cannady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-02

CR20040 (8/02)