

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2000007581

1. Corporation Name

Lee Bulls Athletic Club INC.

2. Principal Office Address - No P.O. Box #

2800 University Blvd S

Suite, Apt. #, etc.

343

City & State

Jacksonville, Florida

Zip

32216

Country

US

3. Mailing Office Address

P.O. Box 3664

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32206

Country

US

7. Name and Address of Current Registered Agent

Name

David L. Jones

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

2800 University Blvd S

Suite, Apt. #, Etc.

343

City

Jacksonville

State

FL

Zip Code

32216

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

REGISTERED AGENT MUST SIGN

Date

3/31/10

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
Pres	David L. Jones	2800 University Blvd. S	Jacksonville, FL 32216
VP	Ronald Milligan	2741 Acorn park Drive N	Jacksonville, FL 32218
VP	John Garman	10916 Acorn Park Court	Jacksonville, FL 32218
Treas	Derrell Johnson	1255 North Laura Street	Jacksonville, FL 32206

10. E-mail Address: djones2005@bellsouth.net

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/10

Daytime Phone #

904-7438

FILED

10 APR -2 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100174298371
04/02/10--01032--021 **183.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/2002

5. FEI Number

134212841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.