

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 29 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022004 REIN-NP CR2E099 (6/04) 04

<b>DOCUMENT # N02000009241</b> 1. Entity Name NORTH FLORIDA RAMS, INC					
Principal Place of Business 2586 BROWARD RD JACKSONVILLE, FL 32218			Mailing Address 2586 BROWARD RD JACKSONVILLE, FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0792560	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, TOMMIE JR 2586 BROWARD RD JACKSONVILLE, FL 32218			Name Street Address City State Zip Code		
			Name Street Address City State Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, TOMMIE JR 2586 BROWARD RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043693653 12/29/04--01025--010 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, LAWRENCE JR 10877 COPPER HILL DR JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Abrams 10591 Phelps ST Jacksonville, FL 32206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, CHRISTOPHER 4545 TRENTON DR N JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATIE WARREN 3227 Dellwood Ave Jacksonville, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ETHRIDGE, AL 4545 TRENTON DR N JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHALE JAMES 1155 West 6 St Jacksonville, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM JOHNSON, TOMMIE III 2586 BROWARD RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tommie Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>12/22/04</u> (904) 714-1711		