PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JAN 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02475

1. Corporation Name
Jacksonville Ski Club, Inc.

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 875	P.O. Box 875
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32201 Country: USA	Zip: 32201 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/11/1984

5. FEI Number: 59-3308912 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

REINSTATEMENT 2005-01

Name: Harriett Dame

Street Address (P.O. Box Number is Not Acceptable): 7130 Singapore Rd.

Suite, Apt. #, Etc.:

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: Harriett Dame — Date: 1/19/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	Crystal Broughan	1300-Riverplace Blvd #405	Jacksonville, FL 32207
S/D	Susan Richards	708 Ponte Vedra Blvd.	Ponte Vedra Beach, FL 32082
T/D	Harriett Dame	7130 Singapore Rd.	Jacksonville, FL 32216
VP/D	O.J. Landau	1804 Manchester Ct, S.	Jacksonville, FL 32259
VP/D	Sally Evans	1641 Misty Lake Dr.	Orange Park, FL 32003
VP/D	Bud Shaffer	1964 Oak Twist Ct.	Orange Park, FL 32073

10. 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] 1/18/01 904-348-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #