PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -9 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02508

1. Corporation Name
VIETNAM VETERANS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7547 Old Plank Rd. Jacksonville Fl. 32220	7547 Old Plank Rd. Jacksonville Fl. 32220

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

REINSTATEMENT 93-96
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
7547 Old Plank Rd.	7547 Old Plank Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville Fl.
Zip: 32220 Country: DUVAL	Zip: 32220 Country: DUVAL

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 12, 1984 MWB 1-9-97

5. FEI Number: 06-9389509 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ADMIN. (D) COORD.	MIKE McLEMORE (D)	4606 PALMER AVE.	JACKSONVILLE, FL 32236
OPER. COORD. (D)	BILL WILDER (D)	7547 Old Plank Rd.	Jacksonville, FL. 32220
TREAS (D)	JAMES CARRICO (D)	2816 LAUDERDALE DR E	JACKSONVILLE, FL. 32277
TRUSTEE (D)	J.C. BEDSOLE	2816 LAUDERDALE DR. E.	JACKSONVILLE FL. 32277
(D)	JOSH MOUCRIEF	7547 Old Plank Rd.	Jacksonville, FL. 32277
(D)	DAVID WEST	7509 Old Plank Rd.	Jacksonville FL. 32220

8. Name and Address of Current Registered Agent

JAMES CARRICO
2104 SUNSET RIVER DR.
JACKSONVILLE, FL. 32277

9. Name and Address of New Registered Agent

Name: WILLIAM WILDER
Street Address (P.O. Box Number is Not Acceptable): 7547 Old Plank Rd.
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32220

CR2E040 (12/95)

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.

Signature of Registered Agent: W. Wilder
REGISTERED AGENT MUST SIGN

Date: 12.23.96

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****428.75 ****428.75

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: WILLIAM WILDER W. Wilder 12-23-96 (904)685-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #