

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 AM 9:13

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12/09/09--01028--014 **428.75

REINSTATEMENT 06-09

DOCUMENT # N03000004472

1. Corporation Name

St. Johns/St. Augustine Committee For Conservation and Recreation, Inc.

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

225 Cannon Court East

Suite, Apt. #, etc.

3. Mailing Office Address

225 Cannon Court East

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/03

5. FEI Number
06-1696730

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

Name

Christopher H. Smith

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

225 Cannon Court East

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

☐ 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.

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

Date 12/7/09

REGISTERED AGENT MUST SIGN

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
Dir	Christopher H. Smith	225 Cannon Court East	Ponte Vedra Beach, FL 32082
Dir	Mabel J. B. Smith	225 Cannon Court East	Ponte Vedra Beach, FL 32082
Dir	Patrick R. Smith	555 Cascade Drive	Fairfield, CT 06825

10. E-mail Address: CHSmith@abc@aol.com

(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:

Christopher H. Smith, Pres. & Dir. 12/7/09

203-767-1568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #