

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007778

1. Corporation Name

Ponte Vedra High School Coalition, Corp.

700067883127
03/15/06--01009--019 **358.75

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

72 San Juan Drive

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.A.

3. Mailing Office Address

72 San Juan Drive

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

09-10-2003

5. FEI Number

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

Davis M. Johnson, Jr.

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

72 San Juan Drive

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

[Signature]

Date

3/6/06

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	Davis M. Johnson, Jr.	72 San Juan Drive	Ponte Vedra Bch, FL 32082
DIR	C. Cayce Rumsey III	212 Sea Island Drive	Ponte Vedra, FL 32082
DIR	Marc D. Bugbey	108 Buck Island Ct.	Ponte Vedra, FL 32082
		<u>[Signature]</u>	

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

904-993-0167

Daytime Phone #