

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 30 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000011032

1. Corporation Name

Jacksonville Network for Strengthening Families Incorporated

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

23 W. 8th Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32206

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

700163183167
11/30/09--01043--010 **245.00

REINSTATEMENT
CR2E081(1/1/09)

06-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/15/2003

5. FEI Number
20-0578191

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

Willie C. Jackson

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

23 W. 8th Street

Suite, Apt. #, etc.

City

Jacksonville

State

FL

Zip Code

32206

☒ 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

Willie C. Jackson

REGISTERED AGENT MUST SIGN

Date

11/24/09

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	Stephanie Toelle	712 S. Lake Cunningham Ave.	St. Johns, FL 32259
D	Prudence Williams	12127 Cranefoot Dr.	Jacksonville, FL 32223
VP	Michelle Hughes	2835 Belair Rd. W.	Jacksonville, FL 32207
D	Johnny Hawk	937 Sunset Glen Ct.	Jacksonville, FL 32225
S	Karen Schum	7296 W. Smooth Bore Ave.	Glen St. Mary, FL 32040
D	Carrie Davis	2343 Jernigan Rd.	Jacksonville, FL 32207

10. E-mail Address: Jackson.willie2819@comcast.net

(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:

Michelle Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #