

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
2017**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAR 31 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011380

1. Corporation Name

Jacksonville Ranch Club Owners Association, Inc.

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

12620-3 Beach Blvd.

3. Mailing Office Address

12620-3 Beach Blvd.

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

United States

Zip

32246

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12-06-2004

5. FEI Number

61-1480429

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa Gladney

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

12620-3 Beach Blvd.

Suite, Apt. #, Etc.

#301

City

Jacksonville

State

FL

Zip Code

32246

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03/31/17--01046--011 **236.25

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 3/27/2017

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
P	Timothy Pugh	12620-3 Beach Blvd. #301	Jacksonville, FL 32246
VP	Robert Stanton	12620-3 Beach Blvd. #301	Jacksonville, FL 32246
S/T	Destinee Pratt	12620-3 Beach Blvd. #301	Jacksonville, FL 32246
D	Bennora Simmons	12620-3 Beach Blvd. #301	Jacksonville, FL 32246
D	Kirk Hughes	12620-3 Beach Blvd. #301	Jacksonville, FL 32246

10. E-mail Address: info@kingdommanagement.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2017

904-646-2626

Date

Daytime Phone #

K. ASHTON