

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 APR 14 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO7000008976**

1. Corporation Name  
**The R.V. Gaddis Foundation, INC**

2. Principal Office Address - No P.O. Box #  
**7800 Point meadow Dr**

3. Mailing Office Address  
**P.O. Box 551193**

Suite, Apt. #, etc.  
**# 1211**

City & State  
**Jacksonville FL**

Zip Country  
**32256 Duval**

4. Date Incorporated or Qualified To Do Business in Florida

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  
**Bobby J. Wilkes**

Street Address (P.O. Box Number is Not Acceptable)  
**7800 Point meadows Dr**

Suite, Apt. #, Etc.  
**# 1211**

City State Zip Code  
**Jacksonville FL 32256**

**REINSTATEMENT**

**2008-2014**

**600258988206**

**04/14/14--01007--002 \*\*603.75**

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 **Bobby J. Wilkes** Date **4-14-14**

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
Pres	Bobby J. Wilkes	7800 Point meadows Dr	Jacksonville, FL. 32256
D/VP	Steve Spinks	1550 Conway court	Middleburg, FL 32068
Sec	Mary Taylor	P.O. Box 551193	Jacksonville FL, 32255
Treas	Gary B. Thompson	7986 Cholo Trail	Jacksonville FL. 32244
			APR 14 2014
			M WILLIAMS

10. E-mail Address: **bjwilkes7@gmail.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: **Bobby J. Wilkes** President Date **4-14-14** Daytime Phone # **904-399-5882**