

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N07524**

1. Corporation Name

NORTHEAST FLORIDA VETERANS COUNCIL, INCORPORATE D

Principal Place of Business

Mailing Address

117 W DUVAL ST
STE 175
JACKSONVILLE FL 32202
US

117 W DUVAL
STE 175
JACKSONVILLE FL 32202
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	SULLIVAN, OSCAR JR HILL, CLARENCE E.	1565 WEST 7TH ST 2803 CHESTERBROOK CT	JACKSONVILLE FL JACKSONVILLE, FL 32224-4853
VCO	SAWLEY, ELBERT	P. O. BOX 368 N/A	WHITE HOUSE FL
SVD	PIPPIN, DAVID	320 ARIES DR	ORANGE PARK FL 32073
SD	WINGATE, CHUCK	6780 HELICON DR	JACKSONVILLE FL 32223
TD	WHITE, BARBARA T.	3846 SUDBURY AVE.	JACKSONVILLE FL
CD	KMIEC, EDWARD M	4647 SCARLET CT	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SULLIVAN, JR. O
1565 W. 7TH STREET
JACKSONVILLE FL 32202

Name
CLARENCE E. HILL
Street Address (P.O. Box Number is Not Acceptable)
2803 CHESTERBROOK CT
Suite, Apt. #, Etc.
SA
City
JACKSONVILLE State
FL Zip Code
32224-4863

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, 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 under section 119.07(3)(i), 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 of
Registered Agent Clarence E. Hill
REGISTERED AGENT MUST SIGN

Date 11/2/99 ***236.25***

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Clarence E. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99 904-223-9166
Date Daytime Phone #

FILED

99 NOV -3 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida	02/07/1985	SP
5. FEI Number	59-2525999	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

CR2E040 (8/99)