

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO7524

1. Corporation Name

NORTHEAST FLORIDA VETERANS COUNCIL

2. Principal Office Address

117 W. DUVAL STREET

3. Mailing Office Address

221 N HOGAN STREET

Suite, Apt. #, etc.

SUITE # 175

Suite, Apt. #, etc.

SUITE # 147

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL

Zip
32202

Country
USA

Zip
32202+4201

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1985

5. FFL Number

59-2525999

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

ROBERT L. SPRUILL, JR.

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

117 W. DUVAL STREET

Suite, Apt. #, Etc.

SUITE 175

City

JACKSONVILLE,

State

FL

Zip Code

32202

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

REGISTERED AGENT MUST SIGN

Date

07/07/06

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
CHAIR	HALLIE WILLIAMS-BEY	1567 W. 9th STREET	JACKSONVILLE, FL 32209
1ST C	JOHN LOCKHART	5018 RIVERBROOK CT.	JACKSONVILLE, FL 32272
2ND C	ROBERT L. SPRUILL, JR.	117 W. DUVAL ST. # 175	JACKSONVILLE, FL 32202
TRES	BARBARA WHITE	3846 SUDBURG AVE.	JACKSONVILLE FL 32210
SEC	BETTY STRINGFELLOW	2543 LAKE SHORE BLVD	JACKSONVILLE FL 32210
CHAP	LIZETTE KIRBY	3812 ROBBY DR.	JACKSONVILLE FL 3210

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:

ROBERT L. SPRUILL

07/07/06

904-803-0478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #