

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -2 AM 10:24

DOCUMENT # *N13483*

1. Corporation Name

The League of Women Voters of Jacksonville, Inc.
~~Florida League of Women Voters~~

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

3039 Cypress Creek Dr E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 41184

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Jacksonville

Zip

32082

Country

St. Johns

Zip

32203

Country

Duval

REINSTATEMENT

89-09
CR2E081 (12/08)

Roberts DEC 07 2009

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/1986 (I think)

5. FEI Number

59-6178307

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

Jo Ann Feder

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

3039 Cypress Creek Dr E

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

☒ 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.

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*10/30/09 - 01032 - 019 **1280.25*

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

Jo Ann Feder

REGISTERED AGENT MUST SIGN

Date *10/27/09*

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
<i>Pres</i>	<i>Katherine Carithers</i>	<i>223 Ocean Blvd</i>	<i>Atlantic Beach, FL 32223</i>
<i>VP</i>	<i>JOAN CARVER</i>	<i>46 15th Street</i>	<i>Atlantic Beach, FL 32233</i>
<i>VP</i>	<i>Katherine Ross</i>	<i>1606 Atlantic Ave</i>	<i>Fernandina Beach, FL 32034</i>
<i>Sec</i>	<i>Ann Weisz</i>	<i>3421 Hidden Lake Dr</i>	<i>Jacksonville, FL 32216</i>
<i>Treas.</i>	<i>Jo Ann Feder</i>	<i>3039 Cypress Creek Dr E</i>	<i>Ponte Vedra Beach, FL 32082</i>

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:

Jo Ann Feder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Ann Feder

Date

10/27/09

Daytime Phone #

904-608-3932