PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 NOV -5 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16709

1. Corporation Name

Northeast Florida leadership Council, Incorporated

Principal Place of Business	Mailing Address
1442 N. IDAHO Street Lake City, Florida 32055	P. O. Box 2143 Lake City, Florida 32

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
519 E. Washington Street	P. O. Box 2143
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City	City & State: Lake City, Fl
Zip: 32055 Country: U. S.	Zip: 32055 Country: U. S.

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/86

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Robert James Fennell	519 E. Washington Street	Lake city, Fl 32055
VD2	Audre' Washington	638 S. Chestnut St.	Lake city, Fl 32055
SD	Maruyne waters	2 Springdale	Lake City, Fl 32055
TD	Margarett Carter	Rt. 8 Box 472	Lake City, Fl 32055
VD1	Melvin P. Wintons	Pine Lane	Lake City, Fl 32055
			11-5-97

8. Name and Address of Current Registered Agent

Benjamin W. Kyle, P.A.
1248 West Edgewood Avenue
Jacksonville, Florida 32208
U.S.

9. Name and Address of New Registered Agent

Name: Merrill C. Tunsil, P.A.
Street Address (P.O. Box Number is Not Acceptable): 505 East Duval Street
Suite, Apt. #, Etc.: C
City: Lake City | State: FL | Zip Code: 32055

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date Nov. 4, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

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****245.00 ****245.00

SIGNATURE: Robert J. Fennell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97 Date

904-758-0054 Daytime Phone #