

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # N.17217

1. Corporation Name

Jacksonville Reef Research Team, Inc.

36 Jackson Avenue  
36 Jackson Avenue

2. Principal Office Address  
36 Jackson Avenue

Suite, Apt. #, etc.

City & State  
Ponte-Vedra Beach, Florida

Zip Country  
32082 USA

3. Mailing Office Address  
36 Jackson Avenue

Suite, Apt. #, etc.

City & State  
Ponte-Vedra Beach, Florida

Zip Country  
32082 USA

**REINSTATEMENT** 03-04

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida 10/09/1986

5. FEI Number  
592889442

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  
James D. Nelsen

Street Address (P.O. Box Number is Not Acceptable)  
8558 Royal Lakes Drive

Suite, Apt. #, Etc.

City  
Jacksonville

State Zip Code  
FL 32256-8455

300043001848  
11/24/04--01050--013 \*\*297.50

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

*James D. Nelsen*

REGISTERED AGENT MUST SIGN

Date 11/22/04

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
PD	John Perkner	36 Jackson Avenue	Ponte Vedra Beach, FL 32082
VPD	James Davis	100 Conch Ct.	Ponte Vedra Beach, FL 32082
TD	C. P. Thomas, Jr.	1743 Lisa Avenue	Fernandina Beach, FL 32034
SD	Denise Hughes	7623 Baymeadows Cir. W. #2032	Jacksonville, FL 32250
D	James Otis	12616 Sand Ridge Drive	Jacksonville, FL 32258
D	Candice Bronson	700 8th Avenue	Jacksonville Beach, FL 32250

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 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:

*C. P. Thomas, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-04  
Date

(904)332-5982  
Daytime Phone #