

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

3. Mailing Office Address

36 Jackson Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte-Vedra Beach, Florida

City & State

Ponte-Vedra Beach, Florida

Zip

32082

Country

USA

Zip

32082

Country

USA

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

FL

Zip Code

32256-8455

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

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

Date

11-18-04

Daytime Phone #

(904) 332-5982

REINSTATEMENT 03-04

MRD