

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717217

1. Corporation Name

JACKSONVILLE REEF RESEARCH TEAM, INC

2. Principal Office Address

1655 THE GREEN'S WAY

Suite, Apt. #, etc.

3422

City & State

JACK. BEACH, FL

Zip

32250

Country

USA

3. Mailing Office Address

1655 THE GREEN'S WAY

Suite, Apt. #, etc.

3422

City & State

JACK. BEACH, FL

Zip

32250

Country

USA

REINSTATEMENT

CR2E081 (12/05)

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/13/06

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
PD	SUE WILCOX	1655 THE GREEN'S WAY, #3422	JACKSONVILLE BEACH, FL 32250
VPD	BILL LINDHOLM	8181 SUTTON PL. N.	JACKSONVILLE, FL 32217
TD	BILL LINDHOLM	8181 SUTTON PL. N.	JACKSONVILLE, FL 32217
SD	DENISE HUGHES	7623 BAYMEADOWS CIR. W. # 2032	JACKSONVILLE, FL 32256
D	JOHN PERKNER	36 JACKSON AVENUE	PONTE VEDRA BCH, FL 32082
D	JAMES DAVIS	100 CONCH COURT	PONTE VEDRA BCH, FL 32082

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-06 (904)-737-7884

Date

Daytime Phone #