

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 15 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N19067*

**1. Corporation Name**

*ESM Association of NE FL, INC.*

**2. Principal Office Address**

*85061 WAINSCOTT CT*

Suite, Apt. #, etc.

City & State

*Fernandina Bch, FL*

Zip

*32034*

Country

*USA*

**3. Mailing Office Address**

*Same*

Suite, Apt. #, etc.

City & State

*Same*

Zip

*32034*

Country

**REINSTATEMENT 02-03**

*11/14/02 01069 021 \$61.25*  
*09/08/03 01025 005 \$70.00*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

*593096294*

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

*Renee' Wells*

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

*85061 WAINSCOTT CT.*

Suite, Apt. #, Etc.

City

*FERNANDINA Bch*

State

*FL*

Zip Code

*32034*

**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

*Renee' Wells*

Date *10/14/03*

REGISTERED AGENT MUST SIGN

**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
President	<i>Angela Edwards</i>	<i>85061 WAINSCOTT CT</i>	<i>Fernandina Bch, FL 32034</i>
Vice President	<i>Sue Dreier</i>	<i>85061 WAINSCOTT CT.</i>	<i>Fernandina Bch, FL 32034</i>
President Programs	<i>Josey Gray</i>	<i>85061 WAINSCOTT CT.</i>	<i>Fernandina Bch, FL 32034</i>
President	<i>Lisa Sheridan</i>	<i>85061 WAINSCOTT CT.</i>	<i>Fernandina Bch, FL 32034</i>
Treasurer	<i>Mary Purifoy</i>	<i>85061 WAINSCOTT CT.</i>	<i>Fernandina Bch, FL 32034</i>
Secretary			<i>10/14</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 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:**

*Josey Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-14-03 (904) 998-6908*  
Date Daytime Phone #

# ESM Association of Northeast Florida

July 23, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

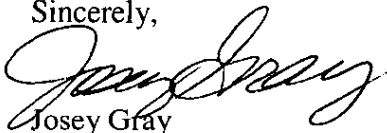
Subject: ESM Association of NE FL, INC.  
Ref Number: N19067  
Letter Number: 802A00062378

I spoke with your office on July 18 and was informed you never received some information sent last fall (Nov 2002) on behalf of our association. We did pay the \$61.25 fee and the check was cashed. I would like to ask that you waive the late fee for 2002 and reinstate our active status.

Also enclosed is our request for incorporation for 2003 and a check in the amount of \$70.00.

I appreciate your attention to this matter.

Sincerely,

  
Josey Gray  
Past President