PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR -REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N19335

1. Corporation Name

NORTHEAST FLORIDA CHAPTER, FLORIDA PLANNING AND ZONING ASOCIATION, INC.

Principal Place of Business

1900 CORPORATE & BLVD JACKSONVILLE FL 32216

SIGNATURE

Mailing Address

1900 CORPORATE SO BLVD JACKSONVIJLE FL 32216

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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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RENSTATEMENT 02

2. New Principal Office Address, if Applicable 3. N				New Mailing Office Address, If Applicable					Date Incorporated or Qualified To Do Business in Florida 02/19/1987					
Suite, Apt. #, etc. Suite, Apt. #				etc.						02/19	/19	8/ 		
City & State			Ste 103 City & State				4	5. FEI Numbe	59-2664591		\perp	Applied For	_	
Jacksonville FL			Jackson ville									Not Applicable		
Zip 37256 Country USA			3225		Countr			CERTIFICATI	OF STATUS DESIRED			onal Fee requir ficate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)														
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip					
ND	D Bathryn Wittington			200 W. FORTH Ste STOWN					JACKSONVILLE BEACH FL 32250 JULIUS TO BEACH FL 32202					
XD	LINDORFF, ŠTEVEN			11 NORTH 3RD STREET					JACKSONVILLE BEACH FL 32250					
٧	Holly Schriefer			4297 GREAT WAKS LANE					JACKSONVILLE STORES FL 32043					
S	skinner amy Heather Allen			7800 BAYMEADOWS WAY STE 5 1900 Corporate Sq. BIV1					JACKSONVILLE FL 32216					
DIP	DAVENPORT, GARY			48 Old Kings Rd V					Palm Coast FL 32137					
T/D	OIETZ CORREY Al Walker			1019 Southside BIVD Ste 3					JACKSONVILLE FL 32256					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent								
LINDORFF, STEVEN'G 11 NORTH 3RD STREET				Street Address (P.O. Box Number is Not Acceptable). 10199 SouthSide BIVI										
JACKSOMVILLE BEACH FL 32250				Suite, Apt. #, Etc.										
	Joekso			}]		32	256							
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. or 617.0505, F.S.														
Signature of Registered Agent Date 11-8-2002 REGISTERED AGENT MUST SIGN														

11. 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 filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR