

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20674

1. Corporation Name

JACQUELINE ELVIRA HODGES JOHNSON FUND, INCORPORATION

Principal Place of Business

2901 38TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

2901 38TH ST. SOUTH
ST. PETERSBURG FL 33711-3732
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1987

5. FEI Number

59-2817577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	JOHNSON, GEORGIA M	2901 38TH STREET SOUTH	ST. PETERSBURG FL
DT	BAUKS, ELLA	7917 SINGING COURT PLACE	TAMPA FL
DVC	ROBINSON, ANNIE M	3595 29TH AVE. SO.	ST. PETERSBURG FL
D	HODGES, PAUL	3081 21ST AVE. SO.	ST. PETERSBURG FL
D	DENDY, BETTY	2201 LAMPRILLA WAY SO.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

WALKER, RICHARD J.
3597 ABINGTON AVENUE SOUTH
ST. PETERSBURG FL 33711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003096713--4

01/12/00--01098--004

***236 25 ***236 25

State Zip Code

FL

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.

Signature of
Registered Agent

Richard J. Walker
REGISTERED AGENT MUST SIGN

Date

12-27-99

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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/99 813 884-7665

KE