

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N22398*

1. Corporation Name

Concerned Taxpayers of Duval County, Inc.

W-16608

2. Principal Office Address

8250 Weybridge Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

Zip

32244

Country

USA

3. Mailing Office Address

8250 Weybridge Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

Zip

32244

Country

USA

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

09/08/1987

5. FEI Number

59-2843693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9/08

7. Name and Address of Current Registered Agent

Name

John E. Draper

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

8250 Weybridge Drive

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32244

900003321639-2
-07/13/00-01006-015
****498.75 ****498.75

LS

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

John E. Draper
REGISTERED AGENT MUST SIGN

Date

7/4/2000

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 E. Draper	8250 Weybridge Drive	Jacksonville, Fl 32244
VPD	Andy Johnson	6516 Fincannon Road	Jacksonville, Fl 32211
SD	Collin Murphy	3251 Cormorant Drive	Jacksonville, Fl 32223
TD	Jake Olsen	4910 Victor Street	Jacksonville, Fl 32207
D	Dr. John Fiore	4448 Charter Point Blvd	Jacksonville, Fl 32211
D	Marvin Boutwell	2800 Madrid Avenue	Jacksonville, Fl 32208

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:

John E. Draper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/2000

Date

(904) 721-0008

Daytime Phone #