

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

785376

1. Corporation Name

WESTSIDE JACKSONVILLE
CHAPTER #4098 OF NAACP, INC.
CHRIS MELONSON, PRES.

4353 VICKSBURG AVE.

JAX, FL. 32210-7344 1-904-771-5327

AM NEW AND DO NOT KNOW CORP.#. NEW # FROM IRS EFF. 4-6-06 IS IN BOX #5.

2. Principal Office Address

4353 VICKSBURG AVE.

3. Mailing Office Address

4353 VICKSBURG AVE.

Suite, Apt. #, etc.

N/A.

Suite, Apt. #, etc.

N/A.

City & State

JACKSONVILLE, FL 32210-7344

City & State

JACKSONVILLE, FL 32210-7344

Zip

32210-7344

Country

U.S.A.

Zip

32210-7344

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida MAR 14, 1988

5. FEI Number NEW #.

77-0659265 AS OF 4-6-06

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CHRIS MELONSON

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

4353 VICKSBURG AVE.

Suite, Apt. #, Etc.

N/A

City

JACKSONVILLE

State

FL

Zip Code

32210-7344

200075205112

05/24/06--01026--009 **36.50

REINSTATEMENT 04-06

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

Chris Melonson

Date 4-6-2006

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
1stVP	D BOB BRINSON	5036 JAMMES RD.	JAX, FL. 32210
2ndVP	D RUTH WILLIAMS	1591 S. LANE AVENUE APT 17-S.	JAX, FL. 32210-1534
SECT.	D VAL LYMAN	1935 FOURAKER RD.	JAX, FL. 32210
TREAS	D BARBARA WHITE	3846 SUDBURY AVE.	JAX, FL. 32210

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

CHRIS MELONSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2006

Date

1-904-771-5327

Daytime Phone #