

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N26621

1. Corporation Name

REPLICAR CLUB OF JACKSONVILLE, INC.

FILED

99 NOV 30 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O LAWRENCE R. RAUSCH  
BOX 324  
BALDWIN FL 32234

Mailing Address

C/O LAWRENCE R. RAUSCH  
BOX 324  
BALDWIN FL 32234

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1988

5. FEI Number

50-2950680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

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
PD	MC MANUS, MIKE	8001 PIERRE DR	JACKSONVILLE FL
VD	ABRAMSON, FRANK	7146 ALTAMA ROAD	JACKSONVILLE FL 32216
STD	MILLER, GAIL	RR 24, BOX 93 BRANDY BRANCH RD	BALDWIN FL 32234

788809070037--4  
-12/14/99--01095--011  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R.  
712 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

\*Signature of  
Registered Agent

Lawrence R. Rausch  
REGISTERED AGENT MUST SIGN

Date 11-2-99

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:

Gail Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-99  
Date

904-266-4526  
Daytime Phone #

②

The report was previously submitted in August 1999. Please find enclosed the check for \$6.25. Thank you for the understanding.

Gail N. J. 11-22-99