

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 10 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26882

1. Corporation Name

THE RIVER CLUB OF JACKSONVILLE, INC.

Principal Place of Business

610 MARK JOHNSON Benny Davis
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

Mailing Address

610 MARK JOHNSON Benny Davis
35TH FL. INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1988

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-0754058

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
T	BAKER, JOHN D. II Michael Zambetti	PO 4887 N/A (155E 21ST STREET) 8750 Phillips Highway	JACKSONVILLE FL -04/15/98 -01072-013 ***236.25 ***236.25
VP	EDWARD W. LANE, III	1735 BEACH AVE	ATLANTIC BEACH FL 200002489832-0
VP	NEWTON, RUSSELL B. JR. J. Michael Hughes	2811 HOLLY PT RD. E. 4190 Belfort Rd # 351	JACKSONVILLE FL -04/15/98 -01072-014 GRANDPRAIRIE 25 *****61.25
D	BALL, WILLIS M. III Ball, Willis M III	50 NORTH LAURA STREET	JACKSONVILLE FL
D	STEIN, JAY Phillip Wright	1200 GULF LIFE DR 200 W. Forsyth St. Suite 200	JACKSONVILLE FL
S	THOMAS A. CLOVER Charles Glasheen	1888 MONTGOMERY PLACE 50 N. Laura Street Suite 2800	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN BERARDI Benny Davis
8848 PRINCETON SQUARE BLVD EAST #1515 / Independent
Drive
JACKSONVILLE FL 32236
Suite 3500
Fax FL 32202

Name
Benny Davis
Street Address (P.O. Box Number is Not Acceptable)
4418 Forest Haven Dr S.
Suite, Apt. #, Etc.

City
Jacksonville FL

State
FL 32202

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

REGISTERED AGENT MUST SIGN

Date 1/22/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/98
Date

904-354-1111
Daytime Phone #