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
97 DEC -1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27798

1. Corporation Name

Jacksonville Association of Urban Bankers

Principal Place of Business	Mailing Address
50 N. Laura Street	P.O. Box 52443
001-000-2475	Jacksonville, FL 32202
Jacksonville, FL 32202	

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

REINSTATEMENT 90-97

2. New Principal Office Address, If Applicable
50 N. Laura Street
Suite, Apt. #, etc.
001-000-2475
City & State
Jacksonville, FL
Zip: 32202 Country: USA

3. New Mailing Office Address, If Applicable
P.O. Box 52443
Suite, Apt. #, etc.
City & State
Jacksonville, FL
Zip: 32202 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-9-88

5. FEI Number: 59-2917941 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (If 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
P/D	Felice M. Franklin	50 N. Laura Street MC 001-000-2475	Jacksonville, FL 32202
VP/D	Kenneth Covington	9000 Southside Blvd MC 576-652	Jacksonville, FL 32256
T/D	Rolanda Gordon	50 N. Laura Street M.C. 099-000-1281	Jacksonville, FL 32202
S/D	Mable Gray	100 N. Laura Street M.C. 001-001-0506	Jacksonville, FL 32202
D	Graylyn Matthews	9000 Southside Blvd M.C. 599-423	Jacksonville, FL 32256
D	Michael Obi	50 N. Laura Street M.C. 099-000-1281	Jacksonville, FL 32202

8. Name and Address of Current Registered Agent

Donald Minor
100 N. Laura Street
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name: Felice M. Franklin
Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street
Suite, Apt. #, Etc.: M.C. 001-000-2475
City: Jacksonville State: FL Zip Code: 32202

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-12/03/97--01089--001
****673.75 ****673.75

CR2E040 (12/96)

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: Felice M. Franklin — Date: 11-24-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Felice M. Franklin - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Felice M. Franklin

11/24/97 (Date) 904/791-7314 (Daytime Phone #)