PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 FEB -6 AM 11:02
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N30793**

1. Corporation Name

ULSTER PROJECT-NORTH FLORIDA, INC.

700002081847--5
-02/10/97--01003--001
****236.25 ****236.25

Principal Place of Business
11665 FORT CAROLINE RD.
JACKSONVILLE FL 32225

Mailing Address
c/o Norita S. Birdsong
616 McCollum Circle
Neptune Beach, Florida 32266

REINSTATEMENT

If above information is 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 **02/16/1989**

5. FEI Number **59-2936708** [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] **$8.75 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
~~PD~~	~~HARTMAN, MARY~~	~~1601 SEMINOLE RD #1~~	~~JACKSONVILLE FL 32205~~
D	MAGILL, NANCY	11864 HIDDEN HILLS DRIVE	JACKSONVILLE FL 32225
D	BIRDSONG, NORITA	616 MCCULLUM CIRCLE	NEPTUNE BEACH FL 32266
D	HESLIN, JAMES J.	11662 FT. CAROLINE RD	JACKSONVILLE FL
~~DT~~	~~MELLOY, JOHB~~	~~8100 BAYMEADOWS WAY W~~	~~JACKSONVILLE FL~~
~~DS~~	~~O'DONNELL, JAMES~~	~~11371 BLUE TEAL DRIVE~~	~~JACKSONVILLE FL~~
~~D~~	~~DEVOE, BRETT~~	~~1149 BEACON DRIVE~~	~~JACKSONVILLE FL~~

8. Name and Address of Current Registered Agent

HARTMAN, MARY
1601 SEMINOLE ROAD #1
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name NORITA BIRDSONG
Street Address (P.O. Box Number is Not Acceptable) 616 MC CULLUM CIRCLE
Suite, Apt. #, Etc
City NEPTUNE BEACH, State FL Zip Code 32266

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: [signature] REGISTERED AGENT MUST SIGN Date 1-21-97

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: [signature] 1-21-97 904 641-5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORITA BIRDSONG

CR2E040 (7/96)

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