

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N32109

FILED  
Oct 05, 2007  
Secretary of State

**Entity Name:** THE TRAFFIC CLUB OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1715 HODGES BLVD  
APT #3323  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

1715 HODGES BLVD  
APT #3323  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

**FEI Number:** 59-6152371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCOTT, KARLA H  
.85785 BLACKMON ROAD  
YULEE, FL 32097 US

**Name and Address of New Registered Agent:**

WILLIAMS, FRAN  
.1715 HODGES BLVE  
APT 3323  
JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARLA SCOTT

10/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: WILLIAMS, FRANCES  
Address: 1715 HODGES BLVD. APT #3323  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Delete  
Name: SCOTT, KARLA H  
Address: PO BOX 15732  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: P ( ) Delete  
Name: PARIS, RACHELLE  
Address: 6611 PICKETTVILLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32229

Title: BOD ( ) Delete  
Name: YOW, CHARLES  
Address: 720 SCOTIA ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: BOD ( ) Delete  
Name: HARRISON, TIM  
Address: 3855 REGENT BLVD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: BOD (X) Delete  
Name: JUSTICE, MATT  
Address: 720 SCOTIA RD  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BOD (X) Change ( ) Addition  
Name: JUSTICE, MATT  
Address: 720 SCOTIA ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA SCOTT

BOD

10/05/2007

Electronic Signature of Signing Officer or Director

Date