

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 11:49

DOCUMENT # N32881

1. Corporation Name

DOWN SYNDROME ASSOCIATION OF
JACKSONVILLE, INC.

2. Principal Office Address

4600 BEACH BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

3. Mailing Office Address

7892 KNOLL DRIVE N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32221

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/89

5. FEI Number

59-2978073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH S. HARTWIG

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

7892 KNOLL DRIVE N.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32221

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth S. Hartwig
REGISTERED AGENT MUST SIGN

Date

1/17/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	SUSAN COASE-ADAMS	2714 MCGIRTS GOVE	JACKSONVILLE FL 32210
TD	KENNETH S. HARTWIG	7892 KNOLL DRIVE N.	JACKSONVILLE FL 32221
D	GREGORY WATTS	7932 HUNTERS GROVE	JACKSONVILLE FL 32256
D	PAUL PAFPE	1361 SYLVIE LANE	ST. AUGUSTINE FL 32095
D	TRISH SHILLING	605 TIMBER POND DR.	PONTE VEDRA BCH FL 32082
400045196214 01/24/05--01010--022 **481.25			

10. 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:

Kenneth S. Hartwig TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/05

Daytime Phone #

904-695-4441

KENNETH S. HARTWIG

CR2E081 (01/04)

20/2

January 17, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

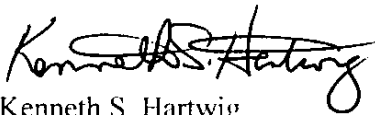
RE: Doc # N32881: Reinstatement Request

We were recently informed that our non-profit organization was administratively dissolved for failure to file an annual report for 2001. I reviewed our information on your website and confirmed that the dissolution date was 9/21/01.

I am requesting reinstatement and that the \$600 reinstatement fee be waived because we never received a notice of administrative dissolution from your office and we never received a request to submit/update our annual report. The mailing address information in your records for our organization is incorrect and does not agree with the last annual report that was filed and accepted on 5/8/00.

Accordingly, we are enclosing our completed Corporation Reinstatement form along with a check in the amount of \$481.25 for the years 2001 to 2005.

Respectfully submitted,



Kenneth S. Hartwig
Treasurer
Down Syndrome Association of Jacksonville, Inc.

Encl.: Check # 1144