

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 AM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34847

1. Corporation Name

CSX Transportation Employees Disaster Relief Fund, Inc.

2. Principal Office Address

500 Water Street

3. Mailing Office Address

500 Water Street

Suite, Apt. #, etc.

C160

Suite, Apt. #, etc.

C160

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

US

Zip

32202

Country

US

000064167210

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1989

5. FEI Number

59-3014415

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

N

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

Date

1/20/06

REGISTERED AGENT MUST SIGN

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
D	Ellen M. Fitzsimmons	500 Water Street	Jacksonville, FL 32202
D	Nathan D. Goldman	500 Water Street	Jacksonville, FL 32202
D	Vance Meyer	500 Water Street	Jacksonville, FL 32202

REINSTATEMENT

96-06

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 contained in Chapter 119, 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:

Nathan D. Goldman

Nathan D. Goldman

1-17-2005

904-359-3256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 819908 7110113

AUTHORIZATION

COST LIMIT : \$ 848.⁷⁵₂₅ - pls call re not correct

ORDER DATE : January ²⁰, 2006

ORDER TIME : 8:22 AM

ORDER NO. : 819908-005

CUSTOMER NO: 7110113

DOMESTIC FILINGS

NAME: CSX TRANSPORTATION EMPLOYEES
DISASTER RELIEF FUND, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
06 JAN 20 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA