

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 MAY -7 AM 8:32

DOCUMENT # N34847

1. Corporation Name

CSX Employee Disaster Relief Fund, Inc.

2. Principal Office Address - No P.O. Box #

500 Water Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Office Address

500 Water Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

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

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

2018 - 2019

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

Hiedi M. Liesch

Hiedi M. Liesch, Asst. Secretary

Date 03/14/2019

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
	See Attachment		

10. E-mail Address: anne_holman@csx.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IVANKA D. AUSTIN

3-28-19

904-359-3167

Daytime Phone

**CSX EMPLOYEE DISASTER RELIEF FUND, INC.
DIRECTORS AND OFFICERS**

Directors

Bryan A. Tucker

Latasha Garrison

Rebecca L. Hamilton

Ian F. Hollingsworth

John L. Kitchens

Officers

Bryan A. Tucker – President

Patrice M. Andrews – Vice President

Lindsey M. Strubhar – Vice President and Treasurer

Thomas L. McDuffie – Assistant Treasurer

Mark D. Austin – Corporate Secretary

Anne E. Holman – Assistant Corporate Secretary