


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 12 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N34932					
1. Corporation Name GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.					
2. Principal Office Address 2301 PARK AVENUE		3. Mailing Office Address 2301 PARK AVE.			
Suite, Apt. #, etc. SUITE 402		Suite, Apt. #, etc. SUITE 402			
City & State ORANGE PARK, FLORIDA		City & State ORANGE PARK, FLORIDA			
Zip 32073	Country USA	Zip 32073	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10/27/1989	
5. FEI Number 59-2955403				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name DUVAL, STEPHEN J. 200004739852--2					
Street Address (P.O. Box Number is Not Acceptable) 2301 PARK AVENUE -12/26/01--01097-019					
Suite, Apt. #, Etc. SUITE 402 ***420.00 ***20.00					
City ORANGE PARK State FL Zip Code 32073					
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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 12-6-01					
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	DUVAL, STEPHEN J.	500 MYRTLE AVE.	GREEN COVE SPRINGS, FL 32043		
T	DUVAL, SHIRLEY E.	500 MYRTLE AVE.	GREEN COVE SPRINGS, FL 32043		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12-6-01 Daytime Phone # 269-1069					

CR2001 (8/00)