

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35319

1. Corporation Name

RIVER CITY ASSOCIATION OF THE
DEAF, INC.

2. Principal Office Address

1371 KEEL CT.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

3. Mailing Office Address

1371 KEEL CT.

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-13-1989

5. FEI Number

59-2980944

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

CHRISTINE STEVENS

400066134554

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

1371 KEEL CT.

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32003

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

Christine Stevens

Date

1/31/06

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
<u>P</u>	<u>CHRISTINE STEVENS</u>	<u>1371 KEEL CT.</u>	<u>ORANGE PARK FL 32003</u>
<u>V</u>	<u>KERRY COPPINGER</u>	<u>6434 JACK WRIGHT ISLAND RD</u>	<u>ST. AUG, FL 32092</u>
<u>T</u>	<u>RANDY McDAVID</u>	<u>4325 PLAZA GATE LANE, S. #202</u>	<u>JACKSONVILLE, FL 32247</u>
<u>S</u>	<u>DONALD COOLER</u>	<u>6434 JACK WRIGHT ISLAND RD</u>	<u>ST. AUG, FL 32092</u>
<u>D</u>	<u>JANET DATTILLIO</u>	<u>1035 ADAMWILSON CT</u>	<u>JACKSONVILLE, FL 32257</u>
<u>D</u>	<u>RON MOORE</u>	<u>1701 PARK AVE.</u>	<u>ORANGE PARK, FL 32073</u>

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:

Christine Stevens P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06
Date

904-541-1107
Daytime Phone #

PS 2012

RIVER CITY ASSOCIATION OF THE DEAF, INC.



ORGANIZED 1978 * CHARTERED 1989
COOPERATING MEMBER OF THE FLORIDA ASSOCIATION OF THE DEAF
AND THE NATIONAL ASSOCIATION OF THE DEAF

25 January 2006

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

Dear Sir or Madam,

Our Board of Directors requested an update on the status of our organization's incorporation status and we discovered that it had been involuntarily dissolved. We are submitting an updated report; however we would like to request a waiver of the reinstatement fee because our organization did not receive the Annual Report notice for the years 2004 and 2005. This was probably due to the fact that the Registered Agent at that time had moved to a new address.

Enclosed is a check for the prior year's annual fees as well as this year's annual fees, as well as the corporation reinstatement form. If you need to contact me, you can email me at lvmcrafts@aol.com or write to me at the following address:

1371 Keel Ct.
Orange Park, FL 32003

Your consideration of this request is appreciated.

Sincerely,

Christine Stevens, President

dc/CS

Previous address before
moved was
2843 Blackberry Ave
Middletown, RI
02068