PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 9/1/98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY 11 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36078

1. Corporation Name

Second Avenue Merchants Association, Inc

Principal Place of Business / Mailing Address

312 Second Avenue
Daytona Beach, Fl 32114

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
612 Byron Avenue
Suite, Apt. #, etc.
City & State: Daytona Beach, Fl
Zip: 32114 Country: Volusia

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-9-90

5. FEI Number: 59-2996433 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/ D	Perman Shepard	104 Big Bend Drive	Daytona Beach, Fl 32117
T/ D	Turner Hymes	612 Byron Avenue	Daytona Beach, Fl 32114
S/ D	Ruth Trager	312 Bethune Boulevard	Daytona Beach, Fl 32114
D	Bernice Robertson	522 Bethune Boulevard	Daytona Beach, Fl 32114

300002530303--0
-05/20/98--01074--006
*****87.50 *****87.50

REINSTATEMENT 9/1/98

8. Name and Address of Current Registered Agent

Lowe, Joan
520 N Ridgewood Avenue
Daytona Beach, Fl 32114

9. Name and Address of New Registered Agent

Name: Turner Hymes
Street Address (P.O. Box Number is Not Acceptable): 612 Byron Avenue
Suite, Apt. #, Etc.
City: Daytona Beach, State: FL Zip Code: 32114

T. Hymes 5/11/98

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Turner Hymes
REGISTERED AGENT MUST SIGN

Date May 6, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: P/D
Perman Shepard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6,1998 Date

904-2535883 Daytime Phone #