

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N37132

1. Corporation Name

CLAY COUNTY CONSOLIDATED CHILDREN'S CHARITIES INC

FILED

98 OCT -7 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2510 RIVER PLACE  
ORANGE PARK FL 32073

REINSTATEMENT

92-98  
AD

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3-14-1990

5. FEI Number

☒ 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
PO	HAROLD E. McDONALD	2619 MOODY ROAD	ORANGE PARK FL 32073
SD	C. DALTON BRAY	3337 HOLLY CREST DR	ORANGE PARK FL 32073
TD	MONTY CROOK	48 RIVER ROAD	ORANGE PARK FL 32073
D	J.P. HALL	1833 COLONIAL DRIVE	GREEN COVE SPRINGS FL 32043
D	JOHN E. THRASHER	2510 RIVER PLACE	ORANGE PARK FL 32073
D	NELSON H. SMITH	83 WINTERBURN LN	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN E. THRASHER  
2510 RIVER PLACE  
ORANGE PARK FL 32073

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 10-3-98

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:

NELSON H. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 OCT 98 904-269-1959

Date

Daytime Phone #

OR2000 (1-98)