PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 18 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

600006068006--7
-06/27/02--01059--004
****665.00 ****665.00

REINSTATEMENT 95-02

DOCUMENT # N44136

1. Corporation Name

The Jacksonville Beach Community Kitchen Inc.

2. Principal Office Address	**3.** Mailing Office Address
800 Shetter Avenue	P. O. Box 51373
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country:	Zip: 32250 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/91

5. FEI Number: 59-3085418 ☐ 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: Elizabeth H. Farmer

Street Address (P.O. Box Number is Not Acceptable): 1320 Hendricks Avenue

Suite, Apt. #, Etc.: Suite 2

City: Jacksonville | State: FL | Zip Code: 32207

603.75-Acm
61.25-AR

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: Elizabeth H. Farmer — Date: 6/17/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	Kevin Varnadoe	614 18th Avenue, N.	Jacksonville Beach, FL 32250
V/D	Rosella Wright	2233 Seminole Road, #1	Atlantic Beach, FL 32233
S/D	Mary Jane Brown	113 Roscoe Road, N.	Ponte Vedra Beach, FL 32082
T/D	Elizabeth H. Farmer	72 Tallwood Road	Jacksonville Beach, FL 32250
D	Mary Anne Turnage	309 9th Street	Atlantic Beach, FL 32233
D	Debbie Varnadoe	614 18th Avenue, N.	Jacksonville Beach, FL 32250

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: Elizabeth H. Farmer, Treasurer — 6/17/02 — (904)346-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9. Officers and Directors (con't)

D	Jane Womack	1203 16th Avenue, N.	Jacksonville Beach, FL 32250
D	Ken Williams	120 Coastal Oak Circle	PonteVedra Beach, FL 32082
D	Blocker Shadden	135 Pine Street	Atlantic Beach, FL 32233
D	Pauline Adams	2017 Duna Vista Court	Atlantic Beach, FL 32233