

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 16 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46965

1. Corporation Name

MEN FOR THE MOMENT, INC.

2. Principal Office Address

2170 MANEY DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT

00-01

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

1/23/92

5. FEI Number

59-3113878

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

WILLIAM P. BRANT

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

50 N. LAURA ST

Suite, Apt. #, Etc.

SUITE 3100

City

JACKSONVILLE

State

FL

Zip Code

32202

700003892727-6

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****297.50 ****297.50

LS

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/14/01

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.	JAMES C. BREWER	2170 MANEY DR.	JACKSONVILLE, FL 32216
V	WILLIAM P. BRANT	50 N. LAURA ST. # 3100	JACKSONVILLE, FL 32202
S/T	MITCHELL D. MOONEYHAM	4750 NORTH PACIFIC DRIVE	JACKSONVILLE, FL 32257
T	JOHN D. BLOUNT, III	4401 EMERSON STREET	JACKSONVILLE, FL 32207
T	ROBERT S. JACKSON	611 CINDY CT.	JACKSONVILLE, FL 32259
T	BRICE S. MCINTOSH	7207 TRAILS END	JACKSONVILLE, FL 32211
T	MATTHEW G. ROBINSON	1 ALTEL STADIUM PLACE	JACKSONVILLE, FL 32202
T	GEORGE, M. SCHNEIDER	13530 MANDARIN RD	JACKSONVILLE, FL 32223

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:

JAMES C. BREWER

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

904 636 9873

Daytime Phone #

CR2081 (9/00)