

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 22 PM 1:02

DOCUMENT # N 93000003588

1. Corporation Name

Maxville Civic Athletic Association, Inc

600086811366
01/31/07--01037--002 **358.75

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address

18065 Pennsylvania Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32234

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16781327

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

Robert E Brown

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

5103 NORTH ORANGE TRAIL

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32234

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

Robert E Brown

Date JAN 15, 2007

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
P	Robert E Brown	5103 NORTH ORANGE TRAIL	Jacksonville FL 32234
V	Ed Bunton	20236 SR 228 W	JAX FLA 32234
ID	Honcho Paine	334 McClelland Rd	Jax Fla 32234
S	Linda Funk	5559 Long Branch Rd	Jax Fla. 32234
T	Erica Horne	8571 Maxville Blvd	Jax Fla 32234
M	Dayna Stevens	5615 Long Branch Rd.	Jax Fl. 32234

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:

Robert E Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2007

Date

904 607 4008

Daytime Phone #