

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003711

1. Corporation Name

Cedar River Club, Inc.

2. Principal Office Address

911 So. Edgewood Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205-5340

Country

USA

3. Mailing Office Address

P. O. Box 1200

Suite, Apt. #, etc.

c/o John R. Schultz

City & State

Jacksonville, FL

Zip

32201-1200

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/93

5. FEI Number

59-3344188

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

Allen L. Poucher

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

2705 Riverside Avenue

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32205

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

REGISTERED AGENT MUST SIGN

Date

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	Thomas Wesley Autrey	3947 Boone Park Ave..	Jacksonville, FL 32205
T/D	John R. Schultz	P.O.Box 1200	Jacksonville, FL 32201
S/D	Gordon Power	5546 Cliff Street	Jacksonville, FL 32205
D	Betsy Lansing Fryman	8669 Great Pine La., W.	Jacksonville, FL 32244
D	Donald Poor	353 Lake Marietta Dr.	Jacksonville, FL 32228

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02

Date

(904) 354-3603

Daytime Phone # Ext 19

CR2E081 (9/01)

2 of 2

**CEDAR RIVER CLUB INC.
P O BOX 1200
JACKSONVILLE, FL 32202**

September 20, 2002

Department of State
Division of Corporations
Attn: Reinstatement Department
P O Box 6327
Tallahassee, FL 32314

Re: Cedar River Club, Inc.
Document # N93000003711

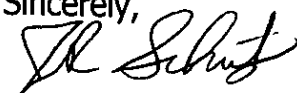
Dear Sir or Madam:

The Corporation Reinstatement form for the above named corporation is enclosed. Due to several changes in personnel and location, we did not receive the 2001 or 2002 Corporation Annual Reports. Therefore, we respectfully request that the reinstatement fee be waived.

A check in the amount of \$122.50 is also enclosed to cover the fees for the 2001 and 2000 Corporation Annual Reports.

Should you require additional information, please contact the undersigned at (904) 354-3603, extension 19 or Gladys Stewart at extension 12.

Sincerely,



Cedar River Club, Inc.
By: John R. Schultz
Treasurer