

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

11/2

DOCUMENT # N94000004910

1. Corporation Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADV
SORY COUNCIL, INC.

Principal Place of Business

Mailing Address

150 E FIRST STREET
JACKSONVILLE FL 32206

150 E FIRST STREET
JACKSONVILLE FL 32206

98 NOV 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

10/03/1994

5. FEI Number

59-3296277

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 |
|---------------|---|--|--------------------------|
| PD | EARLS, JANET Dianne Parker | 443 GENTLE KNOLL DRIVE 924 Cresswell Lane W. | JACKSONVILLE FL 32221 |
| VD | OWENS-THOMPSON, JAYNE | 4019 BLVD CENTER DR BLDG B | JACKSONVILLE FL |
| STD | HARRELL, MONICA | 1245 ROWE AVENUE | JACKSONVILLE FL |
| D | THOMPSON, JAYNE O | 100 FESTIVAL PARK AVE | JACKSONVILLE FL 32202 |
| D | RUTH, JAMES A | DUVAL COUNTY COURTHOUSE | JACKSONVILLE FL 32202 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRISSETT, SHAREL
150 E FIRST STREET
JACKSONVILLE FL 32206

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SHAREL GRISSETT
REGISTERED AGENT MUST SIGN

Date 11/12/98

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:

Dianne Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98 (904) 542-2766
Date Daytime Phone #

CR2E040 (9/98)

COMMUNITY SERVICES DEPARTMENT
Adult Services Division

**FOSTER
GRANDPARENT
PROGRAM**

of
Jacksonville



November 12, 1998

Sandra B. Mortham, Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Mortham:

This letter is in reference to the enclosed application for reinstatement. The check for our application filing fee was written on August 13, 1998. We were waiting on the renewal application, which was not received by my office. This is the first notice that I have received from the Florida Department of State. I am enclosing the check for \$61.25.

If additional information is needed, please contact me at (904) 630-5450.

Sincerely,

Sharel L. Grissett, Program Manager
Foster Grandparent Program