

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -5 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 9400000 6361**

1. Corporation Name

Jake Gaither Golf Association, Inc.

2. Principal Office Address - No P.O. Box #

413 Dupont Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6834

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32305

Country

USA

Zip

32314

Country

USA

400184074584

08/05/10--01004--013 ***358.75

REINSTATEMENT

08/05/10 01004 013 3358.75 08-10

4. Date incorporated or Qualified
To Do Business in Florida

12/30/94

5. FEI Number

770600402

☐ 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

C. E. Jackson

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

413 Dupont Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

C. E. Jackson

REGISTERED AGENT MUST SIGN

Date

8/5/10

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	Ellis F. Cooper	3507 Blue Spruce Court	Tallahassee, FL 32311
VP	Jackie Robinson	1202 Ford Street	Tallahassee, FL 32303
S/T	C. E. Jackson	413 Dupont Drive	Tallahassee, FL 32305

10. E-mail Address: **jake.gaither.golf.association@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

C. E. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/10

Date

(850) 556-3490

Daytime Phone #