

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000003596

1. Corporation Name

EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2790 NW 43RD STREET
SUITE 200
GAINESVILLE FL 23060
US

PO BOX 127
GAINESVILLE FL 32602-0127
US

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

07/28/1995

5. FEI Number

59-9021912

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	4 City / State / Zip
D	KRUEGER, SCOTT	7622 NW 43 ST STE B-3	GAINESVILLE FL
D	MALONEY, FRANK E	5 W MACCLENNY AVE	MACCLENNY FL 32063
D	LESTER, JENNIFER C	901 NW 57TH STREET	GAINESVILLE FL 32604
D	RICHARDSON, LAUREN N	P.O. BOX 23939	GAINESVILLE FL 32602
D	HUTSON, BENNETT A	P.O. BOX 29939 1110 N.W. 6th St.	GAINESVILLE FL 32602 32601

8. Name and Address of Current Registered Agent

KRUEGER, SCOTT DAVID
2790 NW 43RD STREET
SUITE 200
GAINESVILLE FL 32606

9. Name and Address of Non-Registered Agent

Name: SHARON T. SPONKIN
Street Address (P.O. Box Number is Not Acceptable):
2830 NW 41 ST.
Suite, Apt. #, Etc.: SUITE M
City: GAINESVILLE State: FL Zip Code: 32606

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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 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

BENNETT A. HUTSON, PRESIDENT

Date

Daytime Phone #

10/18/01 (352) 271-8100

CR2ED40 (8/01)