

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 10 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003596

1. Corporation Name  
EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

**REINSTATEMENT** 02-04

400040964484  
09/10/04--01048--009 \*\*358.75  
MRS

2. Principal Office Address 2790 NW 43 STREET		3. Mailing Office Address P.O. Box 127	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.	
City & State GAINESVILLE FL		City & State GAINESVILLE FL	
Zip 32600	Country USA	Zip 32602-0127	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/1/1957	
5. FEI Number 59-9021912	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

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

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7/30/04

**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	STEPHEN N. BORNSTEIN	500 E. UNIVERSITY AVE. SUITE E	GAINESVILLE FL 32601
V/D	DENISE FERRERO	305 S.E. 2 AVE	GAINESVILLE FL 32601
T/D	SHARON SPERLING	2830 NW 41 ST. SUITE C	GAINESVILLE FL 32606

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/04 352-371-3117  
Daytime Phone #

CR2081 (01/04)