

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000003686**

1. Corporation Name

THE JAMES WELDON JOHNSON FOUNDATION, INC.

Principal Place of Business

5934 Richard Street

Mailing Address

5934 Richard Street

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5944 Richard Street

3. New Mailing Office Address, If Applicable
5934 Richard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, Florida

City & State
Jacksonville, Florida

Zip
32216

Country
U.S.

Zip
32216

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 3, 1995

5. FEI Number

59-3343969

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 non-profit corporations must list all 10 or more directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	W.H. RANDALL	5934 Richard Street	Jax., Florida 32216
S/D	Tonia Burns	5934 Richard Street	Jax., Florida 32216
T/D	Sandra Jones	9809 Spottswood Dr. W	Jax., Florida 32208

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8. Name and Address of Current Registered Agent

Tonia Burns
5934 Richard Street
Jacksonville, Florida 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Tonia Burns

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Tonia Y. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97
Date

(904) 419-4866
Daytime Phone #

CR2000 (12/96)