


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 APR 17 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *N95000003686*

1. Corporation Name
THE JAMES WELDON JOHNSON FOUNDATION, INC.

Principal Place of Business Mailing Address
5934 Richard Street **5934 Richard Street**

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

REINSTATEMENT *96497*
MWB

2. New Principal Office Address, If Applicable
5944 Richard Street
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5934 Richard St.
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, Florida

City & State
Jacksonville, Florida

Zip Country Zip Country
32216 **U.S.** **32216** **U.S.**

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 3, 1995

5. FEI Number Applied For
59-3343969 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>D</i>	W.H. RANDALL	5934 Richard Street	Jax., Florida 32216
<i>S/D</i>	Tonia Burns	5934 Richard Street	Jax., Florida 32216
<i>T/D</i>	Sandra Jones	9809 Spottswood Dr. W	Jax., Florida 32208

400002149954--2
 04/22/97-01003-009
 ****306.25 ****306.25

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* Date

REGISTERED AGENT MUST SIGN

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* **Tonia Y. Burns** **4-9-97** **(904) 419-4866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)