

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **N96000000868**

1. Corporation Name

DUVAL CHAPTER, FLORIDA VOTERS LEAGUE, INC.

Principal Place of Business

**1203 EAST 3RD STREET
JACKSONVILLE FL 32206**

Mailing Address

**1203 EAST 3RD STREET
JACKSONVILLE FL 32206**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1996

5. FEI Number

NOT APPLICABLE

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
PD	HOLT, EDWARD	1203 EAST 3RD STREET 32204 1635 N. Laura St	JACKSONVILLE FL 32206
VPD	PAGE, WOODROW	3436 MONCRIEF RD.	JACKSONVILLE FL 32209
VPD	JONES, VANESSA S	3105 MELL COURT	JACKSONVILLE FL 32254
SD	MURPHY, CYNTHIA	11043 BACALL RD. WEST	JACKSONVILLE FL 32218
DT	ADAMS, ELOUISE	7225 RHODE ISLAND DR. EAST	JACKSONVILLE FL 32209
	EDWARD Holt	1635 N. Laura St	Jacksonville Fl. 32206

8. Name and Address of Current Registered Agent

**HOLT, EDWARD
HOLT AND STARLING GROCER
1203 EAST 3RD STREET
JACKSONVILLE FL 32206**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/27/02**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD Holt **10/27/02**
Date Daytime Phone #

CR2E040 (8/02)