

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS


DOCUMENT # **N96000001752**

1. Corporation Name
ILA LOCAL 1408 SCHOLARSHIP FUND, PORT OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address

2040 E 21ST ST JACKSONVILLE FL 32206 P O BOX 40822 JACKSONVILLE FL 32203

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

FILED
 04 JUN -2 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT *03-24*

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 04/19/04--01074--012 **236.25

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 **03/29/1996** *TR*

5. FEI Number **59-3379414** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JONES, RICHARD K	501 W BAY ST	JACKSONVILLE FL 32202
D	MEANS, ELIZABETH	655 W. 8TH ST	JACKSONVILLE FL 32209
D	BRADY, TERRIE	1601 ATLANTIC BLVD	JACKSONVILLE FL 32206
D	BYERS, JEROME	225 WATER ST	JACKSONVILLE FL 32202
D	JONES, GERALD P	1037-1 NORTH EDGEWOOD AVE	JACKSONVILLE FL 32254

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8. Name and Address of Current Registered Agent

SPENCER, CHARLES F
 2040 E 21ST ST
 JACKSONVILLE FL 32206

Delete

9. Name and Address of New Registered Agent

Name **Vincent S. Cameron**

Street Address (P.O. Box Number is Not Acceptable)
2040 East 21st Street

Suite, Apt. #, Etc.

City **Jacksonville** State **FL** Zip Code **32206**

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 *Vincent S. Cameron* REGISTERED AGENT MUST SIGN Date **April 6, 2004**

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: *Vincent S. Cameron* **4-6-04 (904) 358-1314**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)