

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004120

1. Corporation Name

Friends of The Bradham-Brooks Northwest Regional Library, Inc

W08-22490

2. Principal Office Address - No P.O. Box #

1755 W. Edgewood Ave.

3. Mailing Office Address

1755 W. Edgewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

7. Name and Address of Current Registered Agent

Name ~~James Cotton~~ Alisa Harrell

Street Address (P.O. Box Number is Not Acceptable) ~~800 Broward Rd. N. 203~~ 1032 Jessie St

Suite, Apt. #, Etc.

32206

City

Jacksonville

State

FL

Zip Code

32206

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

Alisa K. Harrell

REGISTERED AGENT MUST SIGN

Date

March 4, 2008

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
Pres.	Alisa Harrell	1032 Jessie St.	Jacksonville, FL 32206
VP	<del>Nickerson, James</del> <sup>RESIGNED</sup>	<del>800 Broward RD. N. 203</del>	<del>Jacksonville, FL 32218</del>
Sec	Eaves, Evelyn	2259 Courtney Dr.	Jacksonville, FL 32208
Tres.	Cotton, James	3246 Montcalm Dr	Jacksonville, FL 32208
<del>VP</del>	<del>Cotton, James</del>	<del>3246 Montcalm Dr</del>	<del>Jacksonville, FL 32208</del>
VP	Bobby Marcus	3731 Dexter Rd. N.	Jacksonville, FL 32208

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 contained in Chapter 119, 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:

Alisa K. Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 4, 2008

Daytime Phone #

FILED

08 JUL 18 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/30/08--01018--024 \*\*61.25

REINSTATEMENT 04-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FFL Number  
596680010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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07/30/08--01032--004 \*\*420.00

JM 7/22