

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N97000001116**

1. Corporation Name

THE ATLANTIC COAST LIVERY ASSOCIATION, INC.

Principal Place of Business

1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

Mailing Address

10290 NEW BERLIN ROAD
STE 100
JACKSONVILLE FL 32226
US

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *200d*

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1997

5. FEI Number

59-3506757

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THOMPSON, SALLY <i>Michael Sobol</i>	10220 NEW BERLIN ROAD STE 100 <i>12050 NE 14th Ave.</i>	JACKSONVILLE FL 32226 <i>Miami, FL 33161</i>
PD TD	CASTLE, LAURIE	5 FLAMINGO DRIVE	SAINT AUGUSTINE FL 32084
PD SD	BRANHAM, GLENN <i>Pilar Stevens</i>	11463 SAINTS ROAD <i>10151 Deerwood Park Blvd. Ste 100</i>	JACKSONVILLE FL 32246 <i>32256</i>

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8. Name and Address of Current Registered Agent

THOMPSON, SALLY JOANNE
1061 JAMAICA ROAD EAST
JACKSONVILLE FL 32216

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.

Signature of
Registered Agent

Sally J. Thompson
REGISTERED AGENT MUST SIGN

Date

10-16-01

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:

LAURIE CASTLE *Laurie Castle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-01

Daytime Phone #

CR20040 (8/01)