

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 23 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002667

**1. Corporation Name**

Plantation Club Swim Team, Inc.

**2. Principal Office Address**

950 Davis Pond Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

**3. Mailing Office Address**

700 Oak Cove Ct.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

**REINSTATEMENT 99-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

May 12, 1997

**5. FEI Number**

59-3447390

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Beth F. McCrohan

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

700 Oak Cove Ct.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

700003350357-7  
-08/09/00--01015--007  
\*\*\*\*306.25 \*\*\*\*306.25

**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

Beth F. McCrohan

Date 6/16/00

REGISTERED AGENT MUST SIGN

**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
P/D	Jennifer Davis	120 Bracken Court	Jacksonville, FL 32259
V/D	Nick Catalano	392 Maplewood Drive	Jacksonville, FL 32259
D	Debbie Carpenter	705 Trotwood Trace	Jacksonville, FL 32259
D	Lisa Haluch	848 Buckeye Lane West	Jacksonville, FL 32259
D	Susan Beaugrand	360 Chicasaw Ct.	Jacksonville, FL 32259
D	Mark Boggs	505 Willow Oak Lane	Jacksonville, FL 32259

**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 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:**

Jennifer Davis President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/00  
Date

904-287-0248  
Daytime Phone #

CR2E081 (9/99)

## # 9 - Plantation Club Swim Team Directors

D	Holly Carillon	404 Standing Oak Court	Jacksonville, FL 32259
D	Sherry Marcks	312 Sweetbriar Branch Ln.	Jacksonville, FL 32259
D	Darin Mark	600 Catnip Court	Jacksonville, FL 32259
D	Beth McCrohan	700 Oak Cove Court	Jacksonville, FL 32259
D	Patti Mohr	337 Maplewood Drive	Jacksonville, FL 32259
D	Joseph Orio	332 Sweetbrier Branch Ln.	Jacksonville, FL 32259
D	Alan Reynolds	1141 River Birch Road	Jacksonville, FL 32259
D	Cyndi Stevenson	148 Cattail Circle	Jacksonville, FL 32259
D	Betty Tully	632 Lavender Ln.	Jacksonville, FL 32259

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 23 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000035282**

**1. Corporation Name**

**465 Tresca Road, Inc**

**2. Principal Office Address**

**465 Tresca Road**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32225**

Country

**U.S.A.**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 99.00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**April 17, 1998**

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Mark W. Silliman**

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

**1608 Strand Street**

Suite, Apt. #, Etc.

City

**Neptune Beach**

State  
**FL**

Zip Code

**32266**

**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

**Mark W. Silliman**

REGISTERED AGENT MUST SIGN

Date

**06/19/00**

**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	Mark W. Silliman	1608 Strand Street	Neptune Beach, FL 32266
Secy	"	"	"
Treas.	"	"	"
Director	Kevin T. Gay	20 N. 20 <sup>th</sup> Ave.	Jacksonville Beach, FL 32250

**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 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:**

**Mark W. Silliman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**06/19/00**

Daytime Phone #

**904 724 0405**