

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002667

1. Corporation Name

PLANTATION CLUB SWIM TEAM, INC.

WI-13047

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

950 Davis Pond Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

1113 West Kesley Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

USA

Zip

32259

Country

USA

7. Name and Address of Current Registered Agent

Name

Jack R Jones Jr

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

1113 West Kesley Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

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

Jack R Jones Jr.
REGISTERED AGENT MUST SIGN

Date **03/11/2010**

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
PD	Jack R Jones Jr.	1113 West Kesley Lane	Jacksonville, FL 32259
VD	Suzanne M. Haila	495 S. Aberdeenshire Dr.	St. Johns, FL 32259
SD	Belinda Koros	400 Chicopee Court	St. Johns, FL 32259
T	Joanne Vazquez	1108 Buckbean Branch Ln E.	Jacksonville, FL 32259

10. E-mail Address: **jackjones@prodigy.net**

(To be used for future annual report notification)

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. I further certify, 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:

Jack R Jones Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack R Jones Jr.

Date **03/11/2010** 904-287-2152

Daytime Phone #

FILED

2010 MAR 22 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800172224258
03/22/10--01055--014 **61.25

800172224258
03/15/10--01062--016 **245.00
CR2E081 (11/09)

09-10

REINSTATEMENT
4. Date Incorporated or Qualified
To Do Business in Florida **05/07/1997**

5. FEI Number
593447390

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.