

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 15 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-04

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N-97000003838</u>			
1. Corporation Name <u>MAYPORT LIGHTHOUSE ASSOCIATION, INC</u>			
2. Principal Office Address <u>4453 OCEAN STREET</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>4453 OCEAN STREET</u> Suite, Apt. #, etc.	
City & State <u>MAYPORT, FLORIDA</u>		City & State <u>MAYPORT, FLORIDA</u>	
Zip <u>32233</u>	Country <u>USA</u>	Zip <u>32233</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>7/3/1997</u>		5. FEI Number <u>593466177</u>	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>LOWELL E. OAKES</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>5614 LA MOYA AVE</u>		
Suite, Apt. #, Etc.		
City <u>JACKSONVILLE</u>	State <u>FL</u>	Zip Code <u>32210</u>

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

Lowell E. Oakes
REGISTERED AGENT MUST SIGN

Date

3/11/2004

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
<u>P</u>	<u>RONALD SCHIEBLER</u>	<u>1040 TULIP STREET</u>	<u>ATLANTIC BEACH, FL 32233</u>
<u>V</u>	<u>LOWELL OAKES</u>	<u>5614 LA MOYA AVE</u>	<u>JACKSONVILLE, FL 32210</u>
<u>S/T</u>	<u>CHARLES KNOX</u>	<u>P.O. BOX 37</u>	<u>WELLBORN, FL 32094</u>
<u>D</u>	<u>JOHN MESERVE</u>	<u>2126 BEACH AVE</u>	<u>ATLANTIC BEACH, FL 32233</u>
<u>D</u>	<u>TYLER GREENWELL</u>	<u>1412 PALMER STREET</u>	<u>MAYPORT, FL 32233</u>
<u>D</u>	<u>MADLYNNE RAMSEY</u>	<u>1469 BEBONIA STREET</u>	<u>ATLANTIC BEACH, FL 32233</u>

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:

Ronald G. Schiebler

RONALD G. SCHIEBLER

3-11-04

904-241-2498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)