

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 12:34

DOCUMENT # N98000002003

1. Corporation Name

Clay County Childrens Commission, Inc.

2. Principal Office Address

Post Office Box 2708

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip

32073-2708

Country

USA

3. Mailing Office Address

Post Office Box 2708

Suite, Apt. #, etc.

City & State

Orange Park, Florida

Zip

32073-2708

Country

USA

REINSTATEMENT 99-00

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

April 7, 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

James P. Hensley

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

1640 Misty Lake Drive

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

300003433783-9
-10/20/00-01067-008
****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

James P. Hensley

REGISTERED AGENT MUST SIGN

Date October 5, 2000

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
C/D	James P. Hensley	1640 Misty Lake Drive	Orange Park, Florida 32003-7278
V/D	Thomas J. Goodman	674 Kilchurn Drive	Orange Park, Florida 32073-4284
T/D	Emily R. Sobolewski	1274 Hickory Cove Lane	Orange Park, Florida 32065-6988
D	Linda Brown	2717 Cedar Crest Drive	Orange Park, Florida 32073-6509
D	Debbie DiFranco	400 Perthshire Drive	Orange Park, Florida 32073-4248
D	Aaron Givens, Ph.D.	2053 Sussex Drive South	Orange Park, Florida 32073-5956

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:

James P. Hensley

James P. Hensley

October 5, 2000

904-218-6270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)