PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 10 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002063

**1.** Corporation Name

First Coast Sailing Association, Inc.

REINSTATEMENT 00-03
200015644992
04/10/03--01047--003 **420.00

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| c/o Vicki Cross | c/o Vicki Cross |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 1301 Riverplace Blvd. #1500 | 1301 Riverplace Blvd. #1500 |
| City & State | City & State |
| Jacksonville, Florida | Jacksonville, Florida |
| Zip / Country | Zip / Country |
| 32207 / USA | 32207 / USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 4/8/1998

**5.** FEI Number: 593536433 ☐ 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: Vicki L. Cross

Street Address (P.O. Box Number is Not Acceptable): 4385 Ballinger Drive

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32207

**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: _____ Date: 04/01/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 | James Callahan | 7746 Deerwood Point | Jacksonville, FL 32256 |
| V/T/D | Tom Davis | 1758 Bolton Abbey Drive | Jacksonville, FL 32223 |
| S/D | Richard Allsopp | 3385 Sequoia Road | Orange Park, FL 32065 |
| D | Dave Strickland | 12534 Gentle Knoll Court | Jacksonville, FL 32258 |
| D | Bob Woolverton | 4332 Longfellow Street | Jacksonville, FL 32210 |
| D | Don Midgett | 12050 Cranefoot Drive | Jacksonville, FL 32223 |

**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 Callahan — 904-646-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 4/4.