

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006656**

1. Corporation Name

CEDAR RIVER CLUB OF JACKSONVILLE, INC.

Principal Place of Business

5700 SAN JUAN AVENUE
JACKSONVILLE FL 32210

Mailing Address

5700 SAN JUAN AVENUE
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

59-3544526

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	PREACHER, JANICE	4911 LOFTY PINCES CREEK, EAST	JACKSONVILLE FL 32210
D	ANDERSON, JEFF	10457 WELLINGTON SPRINGS WAY	JACKSONVILLE FL 32227
PD	SCHULTZ, ERIC	4509 ORTEGA FARMS CIRCLE	JACKSONVILLE FL 32210
TD	BARCO, KATHY	3030 LAKESHORE BLVD.	JACKSONVILLE FL 32210
D	FORDHAM, WILL	5311 ARLINGTON RD.	JACKSONVILLE FL 32211
D	WARREN, BILL	5105 HARBOR POINT CIRCLE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

FLETCHER, BRUCE J
200 EAST FORSYTH ST.
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

400025892464

Suite, Apt. #, Etc.

12/31/03--01048--010 **236.26

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12.10.03

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 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:

JEFF ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/03 904 786-2050
Daytime Phone #

CR2E040 (7/03)