

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 NOV -6 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000271

1. Corporation Name

JACKSONVILLE REGIONAL BEAR ASSOCIATION, INC.

Principal Place of Business

~~C/O RON THOMPSON~~
~~4900 EULACE RD~~
~~JACKSONVILLE FL 32210~~

Mailing Address

~~C/O RON THOMPSON~~
~~4900 EULACE RD~~
~~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
616 PARK ST

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip Country
32204 DUVAL

3. New Mailing Office Address, If Applicable
616 PARK ST

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip Country
32204 DUVAL

REINSTATEMENT 03



600024481776

11/06/03--01046--018 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1999

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CERNIGLIA, TERRY	852 TALBOT AVE	JACKSONVILLE FL 32205
PD	THOMPSON, RON AL CORELLA	4900 EULACE RD 852 TALBOT AVE	JACKSONVILLE FL 32210 32205
SD	PHILLIPS, JOE DAIV SCHNEIDER	4900 EULACE RD 922 TALBOT AVE	JACKSONVILLE FL 32210 32205
VD	MIONE, PETER RAY PADILLA	4722 FRENCH ST 1068 WILLOW LOVE CTN	JACKSONVILLE FL 32205 32233 ATLANTIC BEACH FL
TD	WRIGHT, JEFF RANDY BRANSON	4629 SEABOARD AVE 2630 MERRILL BLVD	JACKSONVILLE FL 32210 32250 JACKSONVILLE BEACH FL
D	PADILLA, RAMON	1068 WILLOW CTN	ATLANTIC BEACH FL 32233

8. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A ESQ
1300 MARSH LANDING PKWY
STE 108
JACKSONVILLE BEACH FL 32230

~~2716 ST JOHNS~~
~~AVE.~~
JACKSONVILLE FL
32205

9. Name and Address of New Registered Agent

Name

TERRY CERNIGLIA

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

852 TALBOT AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/4/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/03 904 374
0633

CR2E040 (7/03)