

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006826

1. Corporation Name

GILBERT ATHLETICS ASSOCIATION, INC.

Principal Place of Business

1060 WOODBRIDGE HOLLOW ROAD
JACKSONVILLE FL 32218

Mailing Address

1060 WOODBRIDGE HOLLOW ROAD
JACKSONVILLE FL 32218

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1999

5. FEI Number

65-0966646

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	HERMAN, RODNEY	1379 FLORIDA AVENUE	JACKSONVILLE FL 32206
VD	WILLIAMS, CEDRIC	1153 HARRISON STREET	JACKSONVILLE FL 32206
TD	MILLEDGE, DARRYL SR	1060 WOODBRIDGE HOLLOW ROAD	JACKSONVILLE FL 32218
TD	MILLEDGE, SELINA	1060 WOODBRIDGE HOLLOW ROAD	JACKSONVILLE FL 32218
D	MILEY, HENRY C	1426 FRANKLIN STREET	JACKSONVILLE FL 32206
D	THOMAS, JOHN W	1619 ELIZABETH STREET	JACKSONVILLE

8. Name and Address of Current Registered Agent

THOMAS, JOHN W
1619 ELIZABETH STREET
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100003536191--3
-01/12/01--01089--009
*****175.00 *****175.00

FL

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.

Signature of
Registered Agent

John Thomas

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-00

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:

Selina Milledge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100003536191--3
-01/12/01--01089--010
*****70.00 *****70.00

10-29-00 751-4900
Date Daytime Phone #