

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 901000007612

1. Corporation Name

CITY IN ADVANCE OF FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

1204 UNDERHILL DR

Suite, Apt. #, etc.

3. Mailing Office Address

712 N WIND ET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

USA

City & State

PONTE VEDRA, FL

Zip

32082

Country

ST. JOHNS

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/2001

5. FEI Number

593700282

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

BARBARA GRIFFIN

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

1204 UNDERHILL DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barbara Griffin

REGISTERED AGENT MUST SIGN

Date 12-24-08

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
PR	TAL GRIFFIN	712 N WIND ET	PONTEVEDRA FL 32082
SEC	BARBARA GRIFFIN	1204 UNDERHILL DR	JACKSONVILLE, FL 32211
VP	STEPHEN GRIFFIN	8 LARRY CT.	COLUMBIA SC 29909
	01/16		

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 contained in Chapter 119, 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:

Barbara Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-24-08

Daytime Phone #

904-281-4779