


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		APPROVED AND FILED 97 NOV 24 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000065378 1. Corporation Name FRIENDS OF NASSAU COUNTY, INC.			
Mailing Address Principal Place of Business 200 Laura Street Jacksonville, FL 32202 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable c/o Charles E. Commander Suite, Apt. #, etc. P.O. Box 240 City & State Jacksonville, FL Zip 32201 Country USA		3. New Principal Office Address, If Applicable c/o Charles E. Commander Suite, Apt. #, etc. 200 Laura Street City & State Jacksonville, FL Zip 32202 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida August 6, 1996	
		5. FEI Number Applied For	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Bevis, Sherry	One Independent Dr., Ste. 1900	Jacksonville, FL 32202
S	Commander, Charles E.	200 Laura Street	Jacksonville, FL 32202
			800002356198--0 -11/25/97--01025--005 ****750.00 ****750.00
REINSTATEMENT (97)			<i>A. Alan</i> <i>11/24/97</i>
8. Name and Address of Current Registered Agent Charles E. Commander, III 200 Laura Street Jacksonville, FL 32202		9. Name and Address of New Registered Agent Name F&L Corp. Street Address (P.O. Box Number is Not Acceptable) 200 Laura Street Suite, Apt. #, Etc. City Jacksonville State FL Zip Code 32202	
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 By: <i>Charles V. Hedrick</i> Date November 20, 1997 Charles V. Hedrick, Authorized Signatory			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Charles E. Commander, Secretary			
SIGNATURE: <i>Charles E. Commander</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		November 20, 1997 904/359-2000 Date Daytime Phone #	

CP25040 (5/94)