

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51101**

1. Corporation Name

JACKSONVILLE CLUB, INC.

Principal Place of Business

100 W. LIVINGSTON STREET
ORLANDO FL 32801
US

Mailing Address

100 W. LIVINGSTON STREET
ORLANDO FL 32801
US

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

07/14/1992

5. FEI Number

50-3143743

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	HARMENING, W. A., II	100 W. LIVINGSTON STREET	ORLANDO FL
DST	LOCKE, JOHN	100 W. LIVINGSTON STREET	ORLANDO FL
DC	STINE, ROBERT H.	1100 W LIVINGSTON STREET	ORLANDO FL
D	BARNETT, DAN	1344 SEABREEZE BLVD.	FT. LAUDERDALE FL
			500002006165--6 -11/15/96--01076--027 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

HARMENING, W. A., II
100 W. LIVINGSTON STREET
ORLANDO FL 32801

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

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

W. A. Harmening, II
REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/96

11. Does this corporation pay any intangible tax to the
Dep't of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

W. A. Harmening, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96 435775
Date Daytime Phone