

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 OCT 25 PM 12:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **732469**

1. Corporation Name
MUSEUM OF SOUTHERN HISTORY, INC.

Principal Place of Business	Mailing Address
4304 HERSCHEL ST JACKSONVILLE FL 32210 US	4304 HERSCHEL T JACKSONVILLE FL 32210 US

REINSTATEMENT *99*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-1662145	
				Applied For	
				Not Applicable	
				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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CD	SNYDER, MICHAEL B	4401 LAKESIDE DR, UNIT 504	JACKSONVILLE FL
TD	CONWAY, C RAYMOND	4912 ORTEGA BLVD	JACKSONVILLE FL 32210
PD	EVANS, R. GARY	4719 ARAPHOE AVE	JACKSONVILLE FL
VD	MILNE, JACK F	1843 CHALLEN AVE	JACKSONVILLE FL
SD	BOND, JOHN R. <i>J.R.</i>	7407 HENNESSY RD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SNYDER, MICHAEL B 4401 LAKESIDE DR UNIT 504 JACKSONVILLE FL 32210		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: *Michael Snyder* Date: **19 OCT 99**

REGISTERED AGENT MUST SIGN

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)(l), 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: *John R. Bond* Date: **19 OCT 99** Daytime Phone #: **(904) 388-3574**

JOHN R. BOND

KE