

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 700823

1. Corporation Name

PILOT CLUB OF DELAND FLORIDA INC

Principal Place of Business

WOODLAND TOWERS
ACTIVITY ROOM
DELAND FL 32720
US

Mailing Address

POST OFFICE BOX 366
DELAND FL 32721
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

KAREN LUCAS
Suite, Apt. #, etc.

P.O. Box 321

City & State

DeLeon Springs FL

Zip 32130

Country Cuba

4. Date Incorporated or Qualified
To Do Business In Florida

04/16/1960

5. FEI Number

59-6163661

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WELEBOB, BETH	575 DUSTIN TERRACE	DELTONA FL 32725-3212
PE	GOOPER, MAGGIE Ruthie COCHRAN	700 WEST HIGHLAND AVENUE 518 N. FLORIDA AVE	DELAND FL 32720-3446
T	GINDL, JANICE KAREN LUCAS	2700 N. SARATOGA ROAD 4285 AUDUBON P.O. Box 321	DELAND FL DELEON SPRINGS FL 32130
S	JUNE BOWER, PAT MITCHELL	1529 HAVEN ROAD 207 N. McDONALD AVE	DELAND FL 32720 32724-4569
D	GAYNELLE HAMPTON, JUANITA McNEIL	765 TEDDER LAKE RD. 977 Deerfoot Rd	DELEON SPRINGS FL 32130 DELAND, FL 32720-7933
D	MYETT, GINNY JUNE BOWER	2415 QUAVA ST 311 DEER TRAIL	GLENWOOD FL DELAND, FL 32724-8262

8. Name and Address of Current Registered Agent

GOOPER, MAGGIE
700 WEST HIGHLAND AVENUE
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

KAREN LUCAS

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

4285 AUDUBON AVE P.O. Box 321

Suite, Apt. #, Etc.

City

DeLeon Springs

State

FL

Zip Code

32130

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

Karen M. Lucas

REGISTERED AGENT MUST SIGN

Date

01-31-97

11. Does this corporation pay any intangible tax to the
Dept. 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)(b), 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:

Karen M. Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

Date

904-985-5702

Daytime Phone #