

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **711571**

1. Corporation Name

**LEESBURG JAYCEES, INC.**

Principal Place of Business

P.O. BOX 490393  
LEESBURG FL 34749-0393

Mailing Address

P.O. BOX 490393  
LEESBURG FL 34749-0393

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1966

mw8  
1-23-97

5. FEI Number

59-2866859

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
D	ANDERSON, PAUL	2625 GRIFFINVIEW DR.	LADY LAKE FL 32159
D	HILL, WYLE	2620 INDUSTRIAL STREET	LEESBURG FL 34748
D	JENKINS, TERRY	30049 JOHNSON PT. ROAD	LEESBURG FL
T	SPRADLIN, MIKE	01300 SPRING LAKE RD.	FRUITLAND PARK FL 34731
700002067417--5 01/24/97-01028-018 ****297.50 ****297.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORRISON, FRED  
1000 W MAIN STREET  
LEESBURG FL 32748

Name

MIKE SPRADLIN

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

1300 SPRING LAKE RD.

Suite, Apt. #, Etc.

City

FRUITLAND PARK

State

FL

Zip Code

34731

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 W. Spradlin*  
REGISTERED AGENT MUST SIGN

Date

1-16-97

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)(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:

*Michael W. Spradlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. SPRADLIN / 1-16-97

Date

Daytime Phone #

(352)  
787-5897