

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712237

1. Corporation Name

JUNIOR SERVICE LEAGUE OF DELAND, INC

REINSTATEMENT 02-04

2. Principal Office Address

PO BOX 1372

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

Zip

32721-1372

Country

USA

3. Mailing Office Address

PO BOX 1372

Suite, Apt. #, etc.

City & State

DELAND, FLORIDA

Zip

32721-1372

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida - 2/9/1967

5. FEI Number

59-6146126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

5/23/02/90066 043 6125
5/6/03 90043 012 6125

7. Name and Address of Current Registered Agent

Name

DONNA JOHNSTON

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

2141 CHURCH STREET

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

100034775501

04/30/04--01005--005 **238.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 4-22-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DONNA JOHNSTON	2141 CHURCH STREET	DELAND, FL 32720
T	STEPHANIE KOSHIOL	526 LAKE WINNEMISSETT DRIVE	DELAND, FL 32724
V	KIMBERLY VICK	2320 TOMOKA WOODS PARKWAY	DELEON SPRINGS, FL 32130
V	SAMANTHA QUICK-RAINES	905 CRESCENT PARKWAY	DELAND, FL 32724
V	MICHELE ENGELKEN	1039 TORCHWOOD DRIVE	DELAND, FL 32724
S	KELLEY GROSE	846 LINCOLN ROAD	DELAND, FL 32724

10. 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:

Stephanie Koshiol Stephanie Koshiol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

386-738-8816

Daytime Phone #

CR2E081 (01/04)

la