PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 17 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746088

1. Corporation Name

MALONE Senior Citizens Jay Club, Inc.

06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
5107 8th Ave W.	P.O. Box 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MALone, FlA.	City & State: MALone, Fla.
Zip: 32445 Country: America	Zip: 32445 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1949

5. FEI Number: Not APPLICABLE — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DORA L. MYERS, Treas.
200091993742
11/21/06--01027--001 **175.00

Street Address (P.O. Box Number is Not Acceptable): 5296 8th Ave. E. (Get mail same as Block 3)
Suite, Apt. #, Etc.
200091993742
11/21/06--01027--002 **61.25

City: MALone, FlA. State: FL Zip Code: 32445

Barbara See last page

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: Dora L. Myers — Date: 10-31-06
REGISTERED AGENT MUST SIGN

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	Kitty Murdock	5486 10th St. Main	MALone, FlA. 32445
V.P	Gayle Hart	5267 10th St. Main	MALONE, FlA. 32445
D.	Adell M. Robinson	5310 Humming Bird Rd.	Bascome, FlA. 32423
D.	Frances Tidwell	5037 Eight Ave - W.	MALONE, FlA. 32445
D.	Lois Hatcher	5839 Line Rd.	BASCOME, Fla. 32423
D	Dorothy Mathis	5678 Banner Rd	MALone, FlA. 32445

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 contained in Chapter 119, 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: Dora L. Myers, Treas — 10-31-06
DORA L. MYERS, Treas. — Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P.O. Box 2 MALONE, FlA 32445 — Daytime Phone #