


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 OCT 31 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N26954 *1994-97*

1. Corporation Name
DRUG FREE, INC.

Principal Place of Business: **BOYS & GIRLS CLUB**
 Mailing Address: **P.O. BOX 491527
 LEESBURG, FL, 34749**

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

REINSTATEMENT *94-92*
H/13

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/15/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2962440	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	DR. RON MOUSETTE	1028-B W. NORTH BLVD	LEESBURG, FL, 34748
V. PRES.	H. CHARLES IDELL, JR.	115 E. MAGNOLIA AVE.	LEESBURG, FL, 34748
SEC.	SADIE A. WOOLLARD	556 ST. ANDREWS BLVD	LADY LAKE, FL, 32159
TREAS.	AMELIA R. FLEISHER	1219 PALMETTO DR.	LADY LAKE, FL, 32159

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 *****420.00 *****420.00

8. Name and Address of Current Registered Agent VIRGINIA G. BEYER 1206 FLORES AVE LADY LAKE, FL, 32159		9. Name and Address of New Registered Agent Name: SADIE A. WOOLLARD Street Address (P.O. Box Number is Not Acceptable): 556 ST ANDREWS BLVD Suite, Apt. #, Etc.: 1 City: LADY LAKE State: FL Zip Code: 32159	
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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: *Sadie A. Woollard* Date: *10/16/97*
 REGISTERED AGENT MUST SIGN

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: *Amelia R. Fleisher* Date: *10/16/97* 352-753-9317
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (12/96)