PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 20 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004491**

1. Corporation Name

FORT WALTON BEACH JAYCEES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 722 FT. WALTON BEACH FL 32549	P.O. BOX 722 FT. WALTON BEACH FL 32549

REINSTATEMENT 02

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: 08/01/1998

5. FEI Number: 59-3522061 ☐ Applied For ☐ Not Applicable

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

000091 19214
I1720/02--01075--019 **236.25

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 3	City / State / Zip 4
PD	~~WOLFE, TIM~~ Kidwell, Susan E.	~~279 STAHLMAN AVE~~ 415 Sherry Circle	~~DESTIN FL 32541~~ FWB, FL 32548-4002
DV	~~KIDWELL, SUSAN E~~ Gaertner, Jennifer K	~~995 DENTON BLVD, UNIT C-8~~ 215 Shalimar Dr.	~~FORT WALTON BEACH FL 32547~~ Shalimar, FL 32579
DV	~~WOOLEY, SCOTT~~ Lisa Wetherell	~~18 11TH STREET~~ McEwen Dr.	~~SHALIMAR FL 32579~~ Niceville, FL 32578
DV	~~HAWKINS, JENNIFER~~ Karpoicz, Christopher J.	~~108 TRUXTON AVENUE~~ 415 Sherry Circle	FORT WALTON BEACH FL ~~32547~~ 32548
STD	KIDWELL, SARAH	~~995 DENTON BLVD, UNIT C-8~~ 415 Sherry Circle	FORT WALTON BEACH FL ~~32547~~ 32548
~~OOBD~~	~~KARPOICZ, CHRIS~~	~~995 DENTON BLVD, UNIT C-8~~	~~FORT WALTON BEACH FL 32547~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KARPOICZ, CHRISTOPHER J 921 DENTON BLVD #702 FT. WALTON BEACH FL 32547	Name: Susan E. Kidwell Street Address (P.O. Box Number is Not Acceptable): 415 Sherry Circle Suite, Apt. #, Etc.: FWB, FL City: FWB State: FL Zip Code: 32548

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Susan E. Kidwell SIGNATURE REQUIRED — Date: 11.18.02

REGISTERED AGENT MUST SIGN

11. 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: Susan E. Kidwell SIGNATURE REQUIRED — 11.18.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #