

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

**FILED**

97 JAN 31 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **700823**

1. Corporation Name  
**PILOT CLUB OF DELAND FLORIDA INC**

Principal Place of Business  
**WOODLAND TOWERS  
 ACTIVITY ROOM  
 DELAND FL 32720  
 US**

Mailing Address  
**POST OFFICE BOX 366  
 DELAND FL 32721  
 US**

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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
**KAREN LUCAS**  
 Suite, Apt. #, etc.  
**P.O. Box 321**  
 City & State  
**DeLeon Springs FL**  
 Zip Country  
**32130 FLORIDA**

4. Date Incorporated or Qualified To Do Business In Florida  
**04/16/1960**

5. FEI Number **59-6163661** Applied For  
 Not Applicable

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



**REINSTATEMENT** 96-97  
*CLD*

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	WELEBOB, BETH	575 DUSTIN TERRACE	DELTONA FL 32726-3212
PE	GOOPER, MAGGI F Ruthe COCHRAN	700 WEST HIGHLAND AVENUE 518 N. FLORIDA AVE	DELAND FL 32720-3446
T	GINDL, JANIGE KAREN LUCAS	2790 N SARATOGA ROAD 4285 AUDUBON P.O. BOX 321	DELAND FL DELEON SPRINGS FL 32130
S	JUNE BOWER, PAT MITCHELL	1529 HAVEN ROAD 207 N. McDONALD AVE	DELAND FL 32720 32724-4569
D	GAYNELLE HAMPTON, JUANITA McNEIL	765 TEDDER LAKE RD. 977 Deerfoot Rd	DE LEON SPRINGS FL 32130 DELAND, FL 32720-7933
D	MYETT, GINNY JUNE BOWER	2415 QUAVA ST 311 DEER TRAIL	GLENWOOD FL DELAND, FL 32724-8262

8. Name and Address of Current Registered Agent  
**GOOPER, MAGGI F  
 700 WEST HIGHLAND AVENUE  
 DELAND FL 32720-**

9. Name and Address of New Registered Agent  
 Name  
**KAREN LUCAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4285 AUDUBON AVE P.O. Box 321**  
 Suite, Apt. #, Etc.  
 City  
**DeLeon Springs** State  
**FL** Zip Code  
**32130**

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 **Karen M. Lucas** Date **01-31-97**  
 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)(b), 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: **Karen M. Lucas** Date **1-21-97** Daytime Phone # **904-985-5702**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300002075373-9  
 02/03/97-01076-008  
 \*\*\*297.50 \*\*\*297.50

CR2E040 (7/96)