

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**98-00 UBR**

FLORIDA DEPARTMENT OF STATE  
 Catherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 00 JUN 29 PM 1:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **700823**

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

2. Principal Office Address  
**4285 Audubon Ave.**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 321**  
 Suite, Apt. #, etc.

City & State  
**DeLeon Springs, FL**

City & State  
**DeLeon Springs, FL**

Zip Country  
**32130 Volusia**

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**32130 Volusia**

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

5. FEI Number  
**59-6163661**

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

7. Name and Address of Current 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**

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 **Karen M. Lucas** Date **6/20/2000**

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	JOANNE JEFFERSON	1016 PEARL TREE Rd.	DELTONA, FL 32725-4805
PE	JEAN EULER	22332 LIVE OAK RANCH	UMATILLA, FL 32784
T	KAREN LUCAS	4285 Audubon Ave PO Box 321	DELEON Springs, FL 32130
S	ANITA DEBONIA	11 SPRING RIDGE DR	DEBARY, FL 32713
D	JANE BEHRENS	905 N. BOSTON AVE	DELAND, FL 32704
D	ELIZABETH WELBOB		
D	MaryELLEN Schoolmaster	1467 SAXON Blvd. PO-Box 5979	DELTONA, FL 32728-5979

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: **Karen M. Lucas** Date **6/22/2000** 904-985-5702

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

CR2E081 (9/99)