

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

00 JUN 22 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701910

1. Corporation Name

JUNIOR SCIENCE MUSEUM, INCORPORATED

Principal Place of Business

201-10TH STREET WEST
BRADENTON FL 34205

Mailing Address

POST OFFICE BOX 1911
BRADENTON FL 34206



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

REINSTATEMENT

92-00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1961	
City & State		City & State		5. FEI Number	
Zip		Country		59-1861837	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

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
DVP	GSIZINSKY, ALEXANDER A.	6111 8TH AVE. DR. W.	BRADENTON FL 34209
D P	BLACKBURN, MARY U	2804 7TH AVE. W.	BRADENTON FL 34205
EXEC DIRECTOR	CHANDLER, SUSAN	105 47TH AVE. DR. W.	BRADENTON FL 34207
TREASURER	A-EARLENE MITCHELL	355 HERNANDO AVE	SARASOTA FL
D	CSIZINSZKY, ALEXANDER A	6111 8th Ave. DR. W.	BRADENTON, FL 34209
D	BROWN, ELSTON	P.O. Box 1772	BRADENTON, FL 34206

8. Name and Address of Current Registered Agent

CHANDLER, SUSAN F
105 47TH AVE. DR. W.
BRADENTON FL 34207

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
000003321630--0	
Suite, Apt. #, Etc.	
-07/13/00--01006--012	
****367.50 ****367.50	
City	State Zip Code
FL	LS

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 Susan Chandler **SIGNATURE REQUIRED**

Date 5-26-2000

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Susan Chandler **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-2000 941-747-1168
Date Daytime Phone #

CR2E040 (9/98)