

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 19 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707276

1. Corporation Name

Daytona Beach Jaycees Inc.

2. Principal Office Address - No P.O. Box #

5496 S. Nova Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 11463

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Daytona Beach FL

Zip

32127

Country

Volusia

Zip

32120

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

596045257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Janice L. Kenner

Street Address (P.O. Box Number is Not Acceptable)

101 Bent Tree Drive

Suite, Apt. #, Etc.

#76

City

Daytona Beach

State

FL

Zip Code

32114

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Janice L. Kenner

REGISTERED AGENT MUST SIGN

Date 10/15/07

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
President	Janice Kenner	101 Bent Tree Drive	Daytona Beach FL 32114
Sec.	Marcia Rudman	1 Jomoku Oaks Blvd	Ormond Beach FL 32174
Treas.	Lucinda Dodson	22 Ponce de Leon	Ormond Beach FL 32174

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 contained in Chapter 119, 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:

Janice L. Kenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/07 386274-3251

Date

Daytime Phone #

4/21/08