PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.											
API	PLICAT FOR			FLORID		MENT OF STATE	1				
DEINIGTATEMENT					Secretary of State VISION OF CORPORATIONS		FILED				
DOCUMENT # 710415							98 DEC -2 PM 1:30				
EL JOBEAN COMMUNITY LEAGUE, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Addre					ess		1				
14344 JAMISON WAY P.O. BOX 27123 EL JOBEAN FL 33927				14344 JAMISON WAY P.O. BOX 27123 EL JOBEAN FL 33927							
If above addresses are incorrect in any way, line through inco 2. New Principal Office Address, if Applicable 3. New					icorrect information and enter correction below.			REINSTATEMENT			
					ite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     02/22/1966			
				City & State			5. FEI Number Applied For S9-2793800 Not Applicable				
Zip		Country		Zip	C	ountry	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Addition	onal Fee required icate of Status	
7. Names	and Street Ad			r Director (Flor		orporations must list at lea					
Title(s) 1	le(s) Name of Officers and/or Directors 2				3 (Do NO	Street Address of Each Officer and/or Director T Use Post Office Box No	umbers)	4	City / State / Zip		
P	ROBERTSON, ROBERT				PO BOX 3336 N/A 14405 WOOD STOCK			EL JO BEAN FL 3	33427	3950	
V	LES, KAHN				7331 HEDWIG CT			PT CHARLOTTE F	L 33981		
s	ROBERTSON, MARLY				14405 WOODSTOCK			EL JOBEAN FL 3		33153	
Т	ALLEN, CHARLOTTE CHARLES, SARA				4562-NUTSEDGE RD-			EL JOBEAN FL 33953			
D	SHERER, SHIRLEY				4192 BARDO	OT RD		EL JOBEAN FL 33953			
D	CORNETT, ELAINE BACTLEY, HENRIETTA				STEVEN RD	_4326 JA)	rCox Rp,	33933			
8. Name and Address of Current Registered Agent Name/							9. Name and Address of New Registered Agent				
							C. Box Number is Not Acceptable				
4562 NUTSEDGE RD  EL JOBEAN FL 33953  Suite, Apt. #, Etc.								AMISON WAY			
City								ARLOTTE TODOOTERS TRANSPORT			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0555											
Signature of Registered Agent Signature of Registered Agent REGISTERED AGENT MUST SIGN											
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 filling 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.  SALA LHALLES  941-											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											