

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 20 AM 10:17

DOCUMENT # 717099

1. Corporation Name

SANFORD-SEMINOLE JAYCEES, INC.

W01-5037

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 4999

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

USA

REINSTATEMENT 95-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-5-69

5. EEI Number

593039274

☒ 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

ANDREW J. MOOS

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

9909 NEW PARKE RD.

Suite, Apt. #, Etc.

400003892134--8

03/22/01-01019-030

***603.75 ***603.75

City

TAMPA

State

FL

Zip Code

33626

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

Andrew J. Moos

REGISTERED AGENT MUST SIGN

Date 3-1-01

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
D,P	JIM SHAW	768 WOLF CREEK CT.	APOPKA, FL. 32703
D,VP	GINA KING	470 S. PINOAK PL. #310	LONGWOOD, FL. 32779
T	SHEILA VILLAHERMOSA	3094 S. ORLANDO DR.	SANFORD, FL. 32773
D	ANDREW J. MOOS	9909 NEW PARKE RD.	TAMPA, FL. 33626

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:

Andrew J. Moos ANDREW J. MOOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01
Date

813-748-5515
Daytime Phone #

CR2E081 (9/00)

Form

SS-4

(Rev. April 2000)

Department of the Treasury

Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) SANFORD-SEMINOLE JAYCEES, INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) P.O. Box 4999	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code SANFORD, FL. 32771	5b City, state, and ZIP code
6 County and state where principal business is located SEMINOLE COUNTY, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 007-78-9625 JIM SHAW	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► CIVIC ORG. (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input checked="" type="checkbox"/> Other (specify) ► REINCORPORATION

10 Date business started or acquired (month, day, year) (see instructions) 9-5-69	11 Closing month of accounting year (see instructions) 08-95
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► CIVIC SERVICE ORGANIZATION
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail) -	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ► SANFORD-SEMINOLE JAYCEES, INC.	Trade name ► SANFORD-SEMINOLE JAYCEES, INC.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year) ► 9-5-69	City and state where filed ► SANFORD, FLORIDA	Previous EIN ► 593 039274

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► ANDREW J. MOOS - DIRECTOR	Business telephone number (include area code) (813) 748-5515
	Fax telephone number (include area code) (813) 876-8125

Signature ► <i>Andrew J. Moos</i>	Date ► 3-1-01
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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