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
98 AUG 21 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98
AD

DOCUMENT # 717959

1. Corporation Name
Gainesville Junior Women's Club, Inc

Principal Place of Business
P.O. Box 140777
Gainesville FL 32614-0777

Mailing Address
P.O. Box 140777
Gainesville FL
32614-0777

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

2. New Principal Office Address, If Applicable
PO Box 140777
Suite, Apt. #, etc.
City & State Gainesville FL
Zip 32614-0777 Country

3. New Mailing Office Address, If Applicable
PO Box 140777
Suite, Apt. #, etc.
City & State Gainesville FL
Zip 32614-0777 Country

4. Date Incorporated or Qualified To Do Business in Florida 01/27/1970

5. FEI Number 23-7253593 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Jaszczak, Erin	2929 W University Ave	Gainesville FL 32607
VD	Mansfield, Stacey	531 NE 7th Terrace	Gainesville FL 32601
VD	Chance, Diana	3934 NW 60th Avenue	Gainesville FL 32653
TD	Beavers, Sarah	2041 NE 12th Street	Gainesville FL 32609
SD	Eisold, Sandi	1411 NW 47th Terrace	Gainesville FL 32605
BMD	Quintero, Rosemarie	2710 NW 27th Place	Gainesville FL 32605

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name Jeannene E. Mironack
Street Address (P.O. Box Number is Not Acceptable) 4817 NW 37th Place
Suite, Apt. #, Etc.
City Gainesville State FL Zip Code 32605

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-09/10/98--01060--001
****297.50 ****297.50

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 Jeannene E Mironack Date 8/17/98
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 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: Erin Jaszczak 8/17/98 352-373-3498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/98)