

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR -8 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 724354

1. Corporation Name

Junior Service League of Greater New Port Richey

**REINSTATEMENT** 08-10

300174997133  
04/08/10--01043--003 \*\*183.75

CR2E081 (11/09)

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

5008 Bonito Dr New Port Richey fFa 34652

3. Mailing Office Address

po box 412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey Fla

City & State

New Port Richey Fla

Zip

34652

Country

pasco

Zip

34652

Country

pasco

4. Date Incorporated or Qualified

To Do Business in Florida 09/15/1972

5. FEI Number

237289817

☒ 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

Penny Turner

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

5008 Bonito Dr

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

☒ 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

REGISTERED AGENT MUST SIGN

Date

**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
P	Penny Turner	5008 Bonito Dr	New Port Richey Fla 34652
1st VP	Tina Shelton	10146 Shooting Star Ct	New Port Richey Fl 34655
2nd VP	Patti Ammons	8702 Elm Leaf CT	Port Richey fla 34668

10. E-mail Address: ptuner11@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Penny Turner*

4/5/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per email correspondence with Penny Turner on 4-9-10

All officers/directors Titles