

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 13 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 733891

1. Corporation Name

Clearwater Jaycees, Inc.

2. Principal Office Address

2754 Sunset Point Rd.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33754

Country

Pinellas

3. Mailing Office Address

P.O. Box 4703

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

Pinellas

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

9/22/1975

5. FEI Number

59-0699162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ Y

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary M. Damon

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

10448 137th Lane North

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33774

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 7/10/00

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/D	Mark Mann	1593 Lima Way	Clearwater, FL 33764
V/D	Dave Jurek	4685 78th Way N.	St. Petersburg, FL 33709
T/D	Gary Damon	10448 137th Lane N	Largo, FL 33774

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Damon

7/10/00

Date

727-423-6631

Daytime Phone #

CR2E081 (9/99)