

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 PM 4:27

DOCUMENT # 735519

1. Corporation Name

JENSEN CIVIC LEAGUE

Principal Place of Business

1935 N.E. RICOU TERRACE
P.O. BOX 526
JENSEN BEACH FL 34957

Mailing Address

1905
1935 N.E. RICOU TERRACE
~~P.O. BOX 526~~
JENSEN BEACH FL 34957

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1976

5. FEI Number

65-0028183

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 3	City / State / Zip 4
DV	ENGBRETSSEN, HELEN	409 NW NORTH RIVER DR.	STUART FL 34994
VDT	TILTON, C.N.	1935 N.E. RICOU TERRACE	JENSEN BEACH FL
DP	DAVID E. ROSENDAHL	1905 N.E. RICOU TERRACE	JENSEN BEACH FL 34957
PDS	WOODS, WALTER G.	310 SW OCEAN BLVD.	STUART FL 34994
DST	Wm MIKE LOWRY	3330 NE INDIAN RIVER DR	JENSEN BEACH FL 34957

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TILTON, C N
1935 NE RICOU TERRACE
JENSEN BEACH FL 34957

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 23 Jan 03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

772-334-1300

Daytime Phone #

CR2E040 (8/02)