

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

1996

DOCUMENT # 737221

1. Corporation Name

LAKE CITY JAYCEES, INC.

Principal Place of Business

400 LOMOND
P.O. BOX 834
LAKE CITY FL 32056
US

Mailing Address

400 LOMOND
P.O. BOX 834
LAKE CITY FL 32056
US

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

11/04/1978

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HASSEBROEK, DEBORAH	RT. 15 BPX 1568	LAKE CITY FL
P	MCCOLLUM, BRIAN	RT. 14 BOX 533 RT 14 Box 553-2	LAKE CITY FL
D	MCCOLLUM, CINDY	RT. 14 BOX 533 RT 14 Box 553-2	LAKE CITY FL
D	JONES, CHRISTINA	1950 PALM GIR RT 15 Box 1568	LAKE CITY FL
T	PARSONS, DONNA	9893 ADAMS RD	WELLBORN FL
D	FULTON, JULIE	RT. 15 BOX 1568	LAKE CITY FL

8. Name and Address of Current Registered Agent

MCCOLLUM, BRIAN
RT. 14 BOX 533
LAKE CITY FL 32024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000002002120--0

-11/13/96-01020-025

***236.25 ***236.25

FL

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

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date SEPT 18, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] SIGNATURE REQUIRED

10/31/96

7529508
Daytime Phone #