

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 NOV 15 PM 3:48

DOCUMENT # 749280

1. Corporation Name

MELBOURNE, FLORIDA, JAYCEES, INC.

Principal Place of Business

P.O. BOX 361151  
MELBOURNE FL 32936-1151

Mailing Address

P.O. BOX 361151  
MELBOURNE FL 32936-1151



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/11/1979

5. FEI Number

NOT APPLICABLE

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
VT	BOYO, ANDREW D. VIRGINIA CORDOVA	2597-B STEPHEN DR NE PO Box 360329	PALM BAY FL 32905 MELBOURNE, FL 32936
D	FULLEM, RANDALL C	550 E STRAWBRIDGE AVE	MELBOURNE FL 32905
T P	DELGIUDICE, RAY D COLLEEN ODOMA	2597-A STEPHEN DR NE 1113 Sand Creek Dr # 153	PALM BAY FL 32905 MELBOURNE, FL 32934
D	RUSSO, RICHARD A	4418 SHERWOOD BLVD	MELBOURNE FL 32935
PT V/S	RUSSO, SUZANNE	4418 SHERWOOD BLVD	MELBOURNE FL 32935

8. Name and Address of Current Registered Agent

RUSSO, SUZANNE M  
4418 SHERWOOD BLVD  
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/25/00

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  
Suzanne M. Russo

10/25/00 321-255-7426  
Date Daytime Phone #

MELBOURNE FLORIDA JAYCEES, INC.

October 25, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

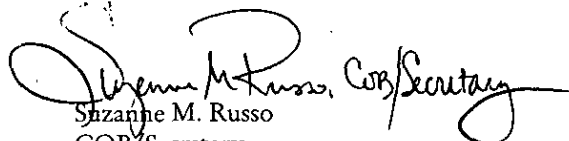
Please find enclosed copy of application for reinstatement, Document #749280, for Melbourne Florida Jaycees, Inc.

The original UBR was filed on January 4, 2000; but was returned to us requiring correction. These corrections were made, and returned to State in May of 2000. It is apparent that State has not received these corrections.

Payment for Corporate filings has already been received and processed by State (our check #1047, in the amount of \$61.25) therefore; no payment is being rendered with this reinstatement application, per my conversation with a member of your staff on 10/25/00.

I appreciate your immediate assistance in the reinstatement of our Corporation. Thank you for your time. You may contact me if necessary at the numbers listed below.

Sincerely,

  
Suzanne M. Russo  
COB/Secretary