

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State •
 DIVISION OF CORPORATIONS

FILED

00 JAN -4 AM 9:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 750545

1. Corporation Name
 Gainesville Jaycees, Inc.

Principal Place of Business Mailing Address
 P.O. Box 1617 P.O. Box 1617
 Gainesville, FL 32602-1617 Gainesville, FL 32602-1617

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

REINSTATEMENT 09-00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/9/1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-2140511	
				Applied For...	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Kathleen King	4226 NW 14 Place	Gainesville, FL 32605
V/D	Joel Islam	1724 NW 51 Terrace	Gainesville, FL 32605
T/D	Susan Good	4750 NW 76 Road	Gainesville, FL 32653
D	Stefanie Joyner	724 NE 4 Street	Gainesville, FL 32601
S/D	Laura Gillman	5154 SW 9 Lane	Gainesville, FL 32607
D	Brian Scarborough	5641 SW 104 Terrace	Gainesville, FL 32608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Scott S. Walker, Esq.
 527 E. University Ave.
 Gainesville, FL 32601

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
 600003099646--0
 -01718700-01001-001
 ****297.50 ****297.50
 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]* Date 1/3/00
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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]* Brian B. Scarborough 1/3/00 (352) 377-2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)

KE