

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 Gainesville, FL 32602-1617
P.O. Box 1617 Gainesville, FL 32602-1617

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

REINSTATEMENT

09-00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

1/9/1980

City & State

City & State

5. FEI Number

59-2140511

Applied For...

Not Applicable

Zip

Country

Zip

Country

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)	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)

600003099646--0

Suite, Apt. #, Etc.

01/18/00-01001-001

City

****297.50

****297.50

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]

REGISTERED AGENT MUST SIGN

Date

1/3/00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00
Date

(352) 377-2002
Daytime Phone #

KE