PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755967

1. Corporation Name

Boy Scout Troop 339, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
3871 NW 108 DRIVE	3871 NW 108 DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/20/81

5. FEI Number: 65-0201634 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL NEKOLNY

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-05/15/02--01019--012
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 3871 NW 108 DRIVE

Suite, Apt. #, Etc.:

City: CORAL SPRINGS, FL. State: FL Zip Code: 33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: S/D Date: 4-30-02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	KATHLEEN TORRES	11060 NW 43RD COURT	CORAL SPRINGS, FL. 33065
P/D	STAN KUCZYNSKI	4691 UNIVERSITY DR., #460	CORAL SPRINGS, FL. 33076
T/D	TONY MCCLEARY	4393 NW 67TH AVE	CORAL SPRINGS, FL. 33067
S/D	MICHAEL NEKOLNY	3871 NW 108 DRIVE	CORAL SPRINGS, FL. 33065

10. 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: S/D MICHAEL NEKOLNY 4-30-02 954-828-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #