		PLEASE READ A	ALL INST	RUCTIONS	BEFORE (	COMPLETI	ING THIS FOF	RM.	
:	PLICAT FOR STATE	ION	FLORIDA \$	A DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  VISION OF CORPORATIONS		FILED			
DOCUMENT # 770611						98 OCT 16 PM 2: 13			
Jupiter Inlet Sertoma Club						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						_			
27		sall F y Penna Dr. Fl 33458	P O BOX Jupiter	=	3	REINSTATEMENT 93-98			
2. New Prin	ncipal Office	Address, If Applicable					orated or Qualified ness in Florida		ar
Don Pearsall  Suite, Apt. #, 275 Toney Penna Dr. #12  Suite, Apt. #,				etc.		5. FEI Number	5. FEI Number Applied For S9–2369897 Not Applicable		
City & State  City & State  City & State									
Zio	3458	Country USA	Zip	Country	У	6. CERTIFICATE	OF STATUS DESIRED		ditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each									
Title(s) and/or Directors				Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			Cit	y / State / Zi	ip 
Pres.	Pres.D Don Pearsall				275 Toney Penna Dr. #12			L 334.	58
VPp	Lee H	enderson		13804 153rd Road N			Jupiter, F	L 334	78
Sec.	Walte	r Franklin		3076 30th Court			Jupiter, FL 33477		
Tres.	Micha	el Helton		7839 S.E. Woodview Ter.			Hobe Sound, FL 33455		
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							****551.25 ****551.25		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
Bill Alexander 17843 Winter Hawk Trail					Don Pearsall Street Address (P.O. Box Number is Not Acceptable) 275 Toney Penna Dr. #12				
Jupiter, FL 33478					Suite, Apt. #, Etc.				
					_	Jupiter   FL   3345			Code 3458
10. I, being appointed the registered agent of the above named corporation, am familiar with and a Signature of Registered Agent DEGISTERED AGENT MUST SIGN						bligations of Section		. 15, 1	1998
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.						No (See other side for information on intangible tax.)			
this reins owed by	statement apport	officer or director or the receive plication, the reason for dissolu- ion have been pald and the na true and accurate, and my sign	ution has been ames of individu	eliminated, the corpo uals listed on this forr	orate name satisfies m do not qualify for	the requirements of an exemption und	of section 607.0401 or 6	17.0401, F.:	S., that all fees

Date 10/15/98 Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PEARSALL