

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000000153

1. Corporation Name

Friends of Jacobs Aquatic Center, Inc.

2. Principal Office Address - No P.O. Box #

500 St. Croix Place

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1994

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Key Largo, FL

Zip

33037

Country

USA

Zip

33037

Country

USA

7. Name and Address of Current Registered Agent

Name

Patricia Gessel

Street Address (P.O. Box Number is Not Acceptable)

99530 Overseas Highway

Suite, Apt. #, Etc.

#2

City

Key Largo

State

FL

Zip Code

33037

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

REGISTERED AGENT MUST SIGN

Date 2-6-07

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
D	Gessel, Patricia	99530 Overseas Highway, #2	Key Largo, FL 33037
D	Firm, Todd	PO Box 1994	Key Largo, FL 33037
D	Boilini, James	554 Sound Drive	Key Largo, FL 33037
D	Wagner, Corky	71 Mutiny Place	Key Largo, FL 33037

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA GESSEL

Date

2-6-07

Daytime Phone #

305-453-5277

FILED

07 FEB -7 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900088068479  
02/13/07--01013--008 \*\*358.75

REINSTATEMENT 00101

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/2002

5. FEI Number  
450475523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.