

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 28 P 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO3000008688*

1. Corporation Name

Downtown Jewel Neighborhood Association Inc.

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

422 South J Street

3. Mailing Office Address

432 South J Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

800182678178
06/28/10--01041--007 **420.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
01-0970699

☐ 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

Barbara Aubel

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

422 South J street

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

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 *6-23-10*

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
T	Cassandra Weston	432 South J Street	Lake Worth, FL 33460
VP/S	Morag E. Dick	301 South M Street	Lake Worth, FL 33460
D	David Savage	432 South J Street	Lake Worth, FL 33460
D	Greg Vannier	120 South J St, Apt 6	Lake Worth, FL 33460

REINSTATEMENT
07-10 JES

10. E-mail Address: barbaubel@aol.com, downtownjewelnews@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Cassandra C Weston
CASSANDRA C. WESTON