

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -4 PM 3:51

DOCUMENT # N04000001096

1. Corporation Name

Oldsmar Junior Chamber of Commerce, Inc.

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

2115 Swan Lane

Suite, Apt. #, etc.

City & State

Safety Harbor, Florida

Zip

34695

Country

USA

3. Mailing Office Address

2115 Swan Lane

Suite, Apt. #, etc.

City & State

Safety Harbor, Florida

Zip

34695

Country

USA

700162490167

11/04/09 - 092501 (12/09) **367.50

1024 610

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/2004

5. FEI Number
43 - 2040312

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

Charles L. Rocker, Jr.

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

2115 Swan Lane

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

☐ 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.

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

Charles L. Rocker, Jr.

REGISTERED AGENT MUST SIGN

Date

11-2-09

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	Tom Keller	2115 Swan Lane	Safety Harbor, FL 34695
D	Katerina Nedvidkova	11601 4st North Apt. 912	St. Petersburg, FL 33716
D	Lindsey Costello	3566 Deer Run South	Palm Harbor, FL 34684

REINSTATEMENT 07-07

B. 11/4/09

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:

Tom Keller

Tom Keller, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/2009

Date

(727) 831-2997

Daytime Phone #