

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12139

1. Corporation Name

JAYCEES FOUNDATION OF NAPLES, INC.

Principal Place of Business

2950 64TH. ST. SW
NAPLES, FL

Mailing Address

P.O. Box 7721
NAPLES, FL 34101

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/85

5. FEI Number

65-0047226

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DAVID JANSEN	4471 31ST. AVE. SW	NAPLES, FL 34116
VP	ROBERT NADEAU	2848 44TH. ST. SW	NAPLES, FL 34116
SEC	RICK GYORKOS	3325 AIRPORT POLLING RD - #8	NAPLES, FL 34105
T	WES DAWSON	254 STANHOPE CIR.	NAPLES, FL 34104
Dir	DON BEACH	1991 HUNTER BLVD.	NAPLES, FL 34116
Dir	DAVE MORAN	4762 CAPE DR.	NAPLES, FL 34103

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBERT NADEAU

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

2848 44TH. ST. SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID JANSEN - PRES.

11/24/98

Date

Daytime Phone #

(941) 591-2202

CR2040 (1/98)