

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

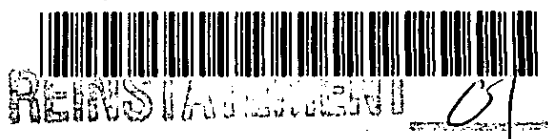
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DOCUMENT # N19511

1. Corporation Name
 THE JEWETT ALUMNI ASSOCIATION, INC.

900004765389--5
 -01/10/02--01075--003
 *****61.25 *****61.25

Principal Place of Business Mailing Address
 2447 MARY JEWETT CIRCLE 2447 MARY JEWETT CIRCLE
 WINTER HAVEN FL 33881-1725 WINTER HAVEN FL 33881-1725
 US US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2762782	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
D	BROWN, EDITHE W.	1281 *38TH* ST NW	WINTER HAVEN FL
D	CLARK, GUSSIE H.	2255 FIRST STREET NORTH	WINTER HAVEN FL
D	TYLER, JOANN O.	2300 S. SWAN COURT, N.E.	WINTER HAVEN FL
C	FLOYD, DONZELL	2447 MARY JEWETT CIRCLE	WINTER HAVEN FL
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			900004765389--5 -01/10/02--01075--005 *****61.25 *****61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FLOYD, DONZELL 2447 MARY JEWETT CIRCLE WINTER HAVEN FL 33881		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 Donzell Floyd Date 12/7/01

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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: Donzell Floyd Donzell Floyd, Chairman Date 12/7/01 Daytime Phone # (863) 293-6548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)