

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 PM 3:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 21334

1. Corporation Name

Yulee Lion's Club, Inc.

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

US Hwy 17 N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 321

Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

Zip

32097

Country

Nassau

Zip

32041

Country

Nassau

4. Date Incorporated or Qualified
To Do Business in Florida

6-16-1987

5. FEI Number

59-6151402

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

Jimmy M. Taylor

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

749 Waxwing Lane

Suite, Apt. #, Etc.

Fernandina Beach

City

State

FL

Zip Code

32034

☐ 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.

Ext. Good to 9/2/07

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

Jimmy M. Taylor

REGISTERED AGENT MUST SIGN

Date 8-22-07

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	Thomas J. Stewart	86142 Harry Green Rd	Yulee, FL 32097
D	Eareho's Hall	1442 Halls Lane	Yulee, FL 32097
D	Bonnie F. Stewart	86142 Harry Green Rd	Yulee, FL 32097
T	Jimmy M. Taylor	749 Waxwing Lane	Fernandina Beach, FL 32034

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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:

Bonnie F. Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-07

Date

904 225-5418

Daytime Phone #