

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 3:39

DOCUMENT # N21803

1. Corporation Name

Clearwater Jaycee Memorial Foundation, Inc.

2. Principal Office Address

2754 Sunset Point Rd

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33759

Country

Pinellas

3. Mailing Office Address

P.O. Box 4703

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33765

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/87

5. FEI Number

59-2850300

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

Gary M. Damon

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

10448 137th Lane N

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33774

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

G. M. Damon

REGISTERED AGENT MUST SIGN

Date 4/27/01

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 |
|--------|--------------------------------------|---|----------------------|
| P/D | Roger Hampsmier | 604 Fay Street #A | Dunedin, FL 34628 |
| V/D | Mark Mann | 1593 Lima Way | Clearwater, FL 33764 |
| S/D | Reginald Guier | 3195 138th Place N | Largo, FL 33771 |
| T/D | Walter Gilmer | 1593 Lima Way | Clearwater, FL 33764 |
| | | | <i>[Signature]</i> |
| | | | |

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 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: *Reginald Guier* Reginald Guier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

727-517-8029

Daytime Phone #