


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 23 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		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 33759 Zip Country 33759 Pinellas		3. Mailing Office Address P.O. Box 4703 Suite, Apt. #, etc. City & State Clearwater, FL 33765 Zip Country 33765 Pinellas	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 09/01/1987	
5. FEI Number 59-2850300	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

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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.D. Date 6/21/04
 REGISTERED AGENT MUST SIGN

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
PD	Walter B. Gilmer	1593 Lima Way	Clearwater, FL 33764
VPD	Vera Gilmer	1593 Lima Way	Clearwater, FL 33764
TD	Gary M. Damon	10448 137th Lane N.	Largo, FL 33774

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: G.M.D. Gary M. Damon 6/21/04 727-418-3564
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)