

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # N28370**

1. Corporation Name  
**SERTOMA CLUB OF TITUSVILLE, INC.**

Principal Place of Business Mailing Address

C/O THERESA A. BURDINE C/O THERESA A. BURDINE  
 P.O. BOX 718 P.O. BOX 718  
 TITUSVILLE FL 32781-7718 TITUSVILLE FL 32781-7718

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

**FILED**

**99 DEC 13 AM 9: 55**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**REINSTATEMENT** 99

4. Date Incorporated or Qualified To Do Business in Florida **09/15/1988** **SP**

5. FEI Number **NOT APPLICABLE** 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	4 City / State / Zip
D	DRENNON, JAKE	4625 KEY LARGO DR.	TITUSVILLE FL
D	BAIOCCO, SUSAN	4225 FOX LAKE RD.	TITUSVILLE FL
D	BURDINE, THERESA	108 RIVER PARK BLVD.	TITUSVILLE FL

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 \*\*\*\*\*236.25 \*\*\*\*\*236.25

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

BAIOCCO, SUSAN F.  
 C/O FIRST UNION  
 802 CHENEY HWY  
 TITUSVILLE FL 32780

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 Susan L Baiocco Date 10-14-99  
 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)(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: Theresa A Burdine Date 10-14-99 (321) 269-1312  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #