

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 10 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N94000001621

1. Corporation Name

Florida Junior Chamber of Commerce  
Disaster Relief Foundation, Inc.

2. Principal Office Address

2000 Gilmore Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 361151

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Melbourne, FL

Zip

33805

Country

USA

Zip

32936

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1994

5. FEI Number

59-3218872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01-02

**7. Name and Address of Current Registered Agent**

Name

Suzanne M. Russo

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

4407 Yorkshire Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

*Suzanne M. Russo*  
REGISTERED AGENT MUST SIGN

Date 4/1/02

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	Donald Ebbitt	PO Box 991 PO Box 991 Key West, FL 33041	Key West, FL 33041
D	L.J. Pertesis	3441 NE 14th Terrace	Pompano Beach, FL 33064
D	Bob Kuntz	918 South Park Ct.	Kissimmee, FL 34741
D	Barbara Petty	5973 Foxhollow Dr.	Winter Haven, FL 33884
T	Richard Russo	4407 Yorkshire Dr.	Melbourne, FL 32935
S	Suzanne Russo	4407 Yorkshire Dr.	Melbourne, FL 32935

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:

*Richard Russo*

Richard Russo Treasurer

4/1/2002

321-403-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)