

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 FEB 28 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004788

1. Corporation Name

THE LEON COUNTY JUVENILE JUSTICE COUNCIL, INC.

Principal Place of Business

Mailing Address

500 N. APPELYARD DRIVE  
BLDG 1 ROOM 109  
TALLAHASSEE FL 32304

500 N. APPELYARD DRIVE  
BLDG 1. ROOM 109  
TALLAHASSEE FL 32304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~C/O RICHARD SWAINE~~

~~Suite, Apt. #, etc.~~  
~~PO Box 11251~~

~~City & State~~  
~~TALLAHASSEE FL~~

~~Zip~~ 32327 ~~Country~~ LEON

3. New Mailing Office Address, If Applicable

~~C/O RICHARD SWAINE~~

~~Suite, Apt. #, etc.~~  
~~PO Box 11251~~

~~City & State~~  
~~TALLAHASSEE FL~~

~~Zip~~ 32327 ~~Country~~ LEON

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1994

5. FEI Number

59-3270226

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
<del>DC</del>	<del>MEISBURG, STEVE</del>	<del>4TH FLOOR CITY HALL</del>	<del>TALLAHASSEE FL 32301</del>
<del>DV</del>	<del>HALL, CALVIN</del>	<del>2601 GUNN STREET</del>	<del>TALLAHASSEE FL 32304</del>
DT	SWAINE, RICK	PO Box 11251 <del>521 OLD MAGNOLIA DRIVE</del>	TALLAHASSEE FL 32302 32302
<del>D</del>	<del>GODBEY, CYNTHIA L</del>	<del>301 S MONROE STREET RM 443</del>	<del>TALLAHASSEE FL 32301</del>
DV	McCLURE, CHARLES D (Hon)	301 S MONROE ST Rm 345C	TALLAHASSEE FL 32301
DS	LANG, DAVE (Hon)	PO Box 726	TALLAHASSEE FL 32302

8. Name and Address of Current Registered Agent

GODBEY, CYNTHIA L  
500 N. APPELYARD DRIVE  
BUILDING 1, ROOM 109  
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name RICHARD SWAINE

Street Address (P.O. Box Number is Not Acceptable)  
521 OLD MAGNOLIA RD

Suite, Apt. #, Etc.

City CRAWFORDVILLE

State FL

Zip Code 32327

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

*[Signature]* SIGNATURE REQUIRED (48729895)

REGISTERED AGENT MUST SIGN

Date 2-9-2000

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:

*[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000  
Date

Daytime Phone #