
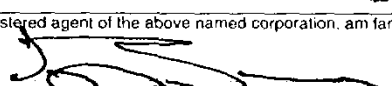



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em; font-family: cursive;">N 95000004393</span>		99 JUN 17 PM 1:49 TALLAHASSEE, FLORIDA	
1. Corporation Name <b>The Optimist Club of Yulee, Inc.</b>			
Principal Place of Business <b>227/BLACKROCK RD/ YULEE/FL/32097</b>		Mailing Address <b>227/BLACKROCK ROAD YULEE/FL/32097 P.O. Box 1077 Yulee, FL</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>3134 E. State Road 200</b> Suite, Apt #, etc.		3. New Mailing Office Address, If Applicable <b>P.O. Box 1077,</b> Suite, Apt. #, etc.	
City & State <b>Yulee, FL 32097</b>		City & State <b>Yulee, Florida</b>	
Zip <b>32097</b>	Country <b>USA</b>	Zip <b>32041</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>9/14/95</b>		5. FEI Number <b>36-4035975</b>	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Muriel Creamer	934 U.S. 17 South	Yulee, FL 32097
VPD	Beth Clark	76 Woodstork Place	Fernandina Bch. FL 32034
SD	Nannette Brannon	P.O. Box 999	Yulee, FL 32041
TD	Shirlene Reeves	1276 Blackmon Road	Yulee, FL 32097
D	Ron Noble	1305 Atlantic Avenue	Fernandina Bach FL 32034
D	Tony Brauda	227 Blackrock Road	Yulee, FL 32097
8. Name and Address of Current Registered Agent <b>Tony Brauda 227 Blackrock Rd. Yulee Fl</b>		9. Name and Address of New Registered Agent Name <b>Tony Brauda 227 Blackrock Rd. Yulee FL 32097</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. <b>TS</b> City <b>Yulee</b>	
		State <b>FL</b>	Zip Code <b>32097</b>
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:  REGISTERED AGENT MUST SIGN Date: <b>6-15-99</b>			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Shirlene Reeves</b>		Date <b>6-15-99</b>	Daytime Phone # <b>904-277-5129</b>

CR2E001 (12/98)