

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 2:52

DOCUMENT # N97000001816

1. Corporation Name

Jaclyn Paige Cournoyer Memorial, Inc.

2. Principal Office Address

1230 S. Myrtle Avenue

Suite, Apt. #, etc.

Suite 402

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Office Address

1230 S. Myrtle Avenue

Suite, Apt. #, etc.

Suite 402

City & State

Clearwater FL

Zip

33756

Country

USA

REINSTATEMENT 00-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/28/1997

5. FEI Number

59-3438739

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah S. Cournoyer 236-25-Adm

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

1721 Laurie Lane 61-25-AK

Suite, Apt. #, Etc.

100004562951-5

08/30/01-01008-005

****297.50 ****297.50

City

Belleair

State

FL

Zip Code

33756

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

Deborah S. Cournoyer

REGISTERED AGENT MUST SIGN

Date

8/16/01

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
D	Deborah S. Cournoyer	1721 Laurie Lane	Belleair, FL 33756
D	Gregg Gagliardi	1651 Santa Barbara Drive	Dunedin, FL 34698
D	Joel S. Treuhaff	3894 Tampa Road, Suite A	Oldsmar, FL 34677

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.

Deborah S. Cournoyer

SIGNATURE:

Deborah S. Cournoyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01

Date

727-443-0055

Daytime Phone #

CR2E081 (9/00)