

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 5:21

DOCUMENT # **N97000004954**

1. Corporation Name

**JUPITER-TEQUESTA-JUNO BEACH CHAMBER OF COMMERCE
FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**800 NORTH US HWY ONE
JUPITER FL 33477**

**800 NORTH US HWY ONE
JUPITER FL 33477**



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0784996

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PROBST, MARQUETTE	P O BOX 3042 N/A	TEQUESTA FL 33460
	BRUCE HARD	1210 S Dixie Hwy	Jupiter, FL 33458
DV	CATHEY, TOM	1300 MOHAWK ST.	JUPITER FL 33458
D	MURPHY, WILLIAM	2121 S. ALTERNATE A1A	JUPITER FL 33477
D	GIBA, JOHN	222 S. US HWY ONE, #213	TEQUESTA FL 33460
DT	DENT, PATTY	101 N. US HWY ONE	TEQUESTA FL 33450
D	GENTILE, GEORGE	800 NORTH US HWY ONE	JUPITER FL 33477
P	Richard Berube	351 S US Hwy one, st 102	Jupiter FL 33477

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MURTAUGH, LOUISE
800 NORTH US HWY ONE
JUPITER FL 33477**

Name **LOUISE Murtaugh**
Street Address (P.O. Box Number is Not Acceptable)
800 N US ONE
Suite, Apt. #, Etc. **300003033369--5**
City **Jupiter** State **FL** Zip Code **33477**

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

10/18/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/99)