


10/12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 11:07


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005303			
1. Corporation Name The Jaycees of Charlotte County, Inc.			
2. Principal Office Address 96 Rotonda Circle Suite, Apt. #, etc. City & State Rotonda West, FL Zip 33947 Country USA		3. Mailing Office Address P.O. BOX 495981 Suite, Apt. #, etc. City & State Port Charlotte, FL Zip 33949 Country USA	


4. Date Incorporated or Qualified To Do Business in Florida 9/16/98	
5. FEI Number 65-0853642	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Eric Stefanik	
Street Address (P.O. Box Number is Not Acceptable) 96 Rotonda Circle	
Suite, Apt. #, Etc.	
City Rotonda West, FL	

REINSTATEMENT
FL 33947

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  REGISTERED AGENT MUST SIGN	Date 10/19/03

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
P/D	Joseph Sgriccia	123 Concord	Port Charlotte, FL 33952
VP/D/T	Eric Stefanik	96 Rotonda Circle	Rotonda West, FL 33947
VP/D/S	Emily Stefanik	96 Rotonda Circle	Rotonda West, FL 33947

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/9/03 941-624-5406 Daytime Phone #

CR2E081 (10/02)

2082

October 9, 2003

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

RE: The Jaycees of Charlotte County

Enclosed please find the reinstatement form for the Jaycees of Charlotte County. The Jaycees never received a renewal form for our 2003 Uniform Business Report (UBR). I believe this was do to the fact that the Post Office changed the numbering system on their P.O. Boxes. I was always our intent to file the report. When we know time has passed when last years was filed (Sept 10, 2002) we became very concerned. Our member who is responsible for checking the P.O. Box began checking everyday for the renewal form with no results. Finally, I called your office and was told to file the enclosed report and enclose a check for \$61.25 requesting that the reinstatement (late fees) be waived. The Jaycees of Charlotte County apologize for not contacting you sooner and sincerely hope the enclosed check is accepted.

Sincerely,



Joseph Sgriccia
President