

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

APPLICATION FOR REINSTATEMENT

DOCUMENT # **711442**

1. Corporation Name
GFWC CHARLOTTE COUNTY JUNIORS, INC.

Principal Place of Business P.O. BOX 2842 PORT CHARLOTTE FL 33949-2842	Mailing Address P.O. BOX 2842 PORT CHARLOTTE FL 33949-2842
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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 09/06/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 71-4421806	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
SD	THORNBURGH, SANDRA	1307 ONYX ST	PORT CHARLOTTE FL 33980
VD	MORARIS, DENISE	806 ELLICOTT CIRCLE	PORT CHARLOTTE FL 33952
VD	POWERS, SUSAN	1307 ONYX ST	PUNTA GORDA FL
STD	BUTWELL, BRENDA	3415 GROVEWOOD CIRCLE	PUNTA GORDA FL
REINSTATEMENT 911 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
POWERS, SUSAN D 5475 GROVEWOOD CR PUNTA GORDA FL 33982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 400003032424-4	
		City FL State FL Zip 33982	

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: Susan Powers Date: 10-18-99
 REGISTERED AGENT MUST SIGN

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: Susan D Powers Susan D. Powers Date: 10-18-99 Daytime Phone #: 941-575-7168

CR25040 (6/99)