

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740849

1. Corporation Name
Florida Outdoor Writers Association, Inc.

2. Principal Office Address - No P.O. Box #

24 NW 33 Ct.

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, FL

Zip Country

32607 USA

3. Mailing Office Address

24 NW 33 Ct.

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, FL

Zip Country

32607 USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida April 6, 1954

5. FEI Number 592190309 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Tommy Thompson

Street Address (P.O. Box Number is Not Acceptable) 24 NW 33 Ct.

Suite, Apt. #, Etc. Suite A

City Gainesville State FL Zip Code 32607

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of Registered Agent

Date 12/3/07

REGISTERED AGENT MUST SIGN

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
See attached			
			200112850282 12/05/07--01024--011 **183.75
			12/00

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 contained in Chapter 119, 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: Frank Morello FRANK MORELLO 11/26/07 850 926 5169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FOWA Officers 2007 – 2008

Executive Director: Tommy Thompson
24 NW 33 Ct., Suite A
Gainesville, FL 32607
352 284-1763

President: John Kumiski
284 Clearview Rd.
Chuluata, FL 32766
407 977-5207

1st Vice President: Kelly Braden
1451 Sandy Lane
Clearwater, FL 33755
813 361-6649

2nd Vice President: Loretta Lynn
1233 Castleport Rd.
Winter Garden, FL. 34787
407 654-8810

Secretary: Ed Arrington
P.O. Box 1976
Alachua, FL 32616
352 871-3303

Treasurer: Frank Morello
P.O. Box 1447
Crawfordville, FL 32326
850 926-5169

Chairman: Tommy Thompson
24 NW 33 Ct., Suite A
Gainesville, FL 32607
352 284-1763