

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *98-99*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **749933**

1. Corporation Name

**THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG),
INC.**

Principal Place of Business

Mailing Address

~~FLAG % HILDA ROSSELLI
4202 E. FOWLER AVE.
TAMPA FL 33620
US~~

~~FLAG % HILDA ROSSELLI
4202 E. FOWLER AVE.
TAMPA FL 33620
US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

~~5101 LAKE IN THE WOODS BLVD~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5101 LAKE IN THE WOODS BLVD~~
Suite, Apt. #, etc.

City & State

~~LAKELAND, FL~~

City & State

~~LAKELAND, FL~~

Zip

~~33813~~

Country

~~FL~~

Zip

~~33813~~

Country

~~FL~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	PARK, CYNTHIA	7740 NW 63RD AVE.	PARKLAND FL 33067
D	ROSSELLI, HILDA	4202 EAST FOWLER AVENUE	TAMPA FL
D	KLENETSKY, PHYLLIS	600 SE3RD AVE.	FT. LAUD FL
D	HANDLEY, MARYANNE	2700 ST JOHNS ST	MELBOURNE FL
D	WILSON, TERRY S.	5101 LAKE IN THE WOODS BLVD	LAKELAND, FL 33813
			3300002769693-6
			-02/09/99--01071--002
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

~~ROSSELLI, HILDA
4202 E. FOWLER AVE.
EDU 208B
TAMPA FL 33620~~

9. Name and Address of New Registered Agent

Name **TERRY STETSON WILSON**
Street Address (P.O. Box Number is Not Acceptable)
5101 LAKE IN THE WOODS BLVD
Suite, Apt. #, Etc.
#
City **LAKELAND** State **FL** Zip Code **33813**

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

Terry Stetson Wilson

REGISTERED AGENT MUST SIGN

Date **12-16-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Terry Stetson Wilson

12-16-98

Date

941-647-3003

Daytime Phone #

CR2E040 (9/98)