

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 OCT 16 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769474

1. Corporation Name
Florida Government BAR Association, Inc.

Principal Place of Business Mailing Address
P.O. Box 10474 P.O. Box 10474
Tallahassee Fl. Tallahassee Fl
32302-2474 32302-2474

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 07/20/83	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2887589	
City & State		City & State		Applied For 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Julia Forrester	1701 Belvedere	Tallahassee Fl 32308
VP/D	Charles T. Collette	108 Winn Croy Way	Tallahassee Fl 32312
T/D	Lynne A. Quimby-Pennock	1771 Marston Pl.	Tallahassee Fl 32312
S/D	Li S. Nelson	3276 N. Shannon Lakes	Tallahassee Fl 32308
D	Elizabeth W. Willis	3161 Blarstone Ct	Tallahassee Fl 32301

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Julia Forrester
1701 Belvedere
Tallahassee Fl. 32308

Name: Julia Forrester
Street Address (P.O. Box Number is Not Acceptable): 1701 Belvedere
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32308

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: [Signature]
REGISTERED AGENT MUST SIGN

Date: 10/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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. and the certificate of incorporation of 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/15/97
Daytime Phone #: 9224539

CR22040717