

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Quiltfest, Inc. of Jacksonville, Florida % Kathleen Ricks 2267 George Wythe Road

REMSTATEMENT 07-04

FILED

04 APR 20 AH 11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 3. Mailing Office Address 2267 George Wythe Road same Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

Date Incorporated or Qualified To Do Business in Florida 04/14/1988 City & State

5. FEI Number -592936093 Applied For Not Applicable

Zip Country Zin 32073 **USA** 

CERTIFICATE OF STATUS DESIRED 🔽

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent Name 100033126251 Kathleen Ricks Street Address (P.O. Box Number is Not Acceptable) 2267 George Wythe Road Suite, Apt. #, Etc.

Country

City Orange Park

Zip Code State 32073

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.

Registered Agent 🚄

Orange Park, Florida

REGISTERED AGENT MUST SIGN

04/16/2004

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

	Officers and/or Directors	Officer and/or Director	City / State / Zip
Р	Gwen Lloyd	1705 Third Avenue North	Jacksonville Beach, FL 32250
٧ _	Anita Galeani	1628 Beach Avenue	Atlantic Beach, FL 32233
s	Lynn Graham	1750 Belmonte Avenue	Jacksonville, FL 32207
Т	Kathleen Ricks	2267 George Wythe Road	Orange Park, FL 32073
show C	Maureen Reiter	4045 Sabel Drive	Jacksonville, FL 32277

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 filling 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

04/16/2004

904-594-0647

Date

Daytime Phone #