

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

98 MAR 31 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

*N9600000 6362*

1. Corporation Name

Woman's Club of Oldsmar, Inc.

Principal Place of Business

Mailing Address

207 Exeter St.  
Oldsmar, FL 34677

P.O. Box 128  
Oldsmar, FL 34677

200002477022--2

-04/02/98--01079--001

\*\*\*\*297.50 \*\*\*\*297.50

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  
12/12/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1691385

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	Neeley, Peggy J.	1811 Ironwood Ct. W.	Oldsmar, FL 34677
V/D	Wilson, Martha	601 Washington Ave.	Oldsmar, FL 34677
S/D	Rogers, Orchid	P.O. Box 867 <i>aka</i>	Oldsmar, FL 34677
T	Jorgenson, A. Jean	104 Shore Dr. Pl.	Oldsmar, FL 34677
<b>REINSTATEMENT</b> <i>97-98 4-1-98</i>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Peggy J. Neeley  
1811 Ironwood Ct. W.  
Oldsmar, FL 34677

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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 *Peggy J. Neeley*  
REGISTERED AGENT MUST SIGN

Date *March 20, 1998*

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

*Peggy J. Neeley*

*20 March 1998 (813) 855-3026*  
Date Daytime Phone #

CR2E040 (1-98)