

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

707625

1. Corporation Name

FLORIDA STATE DEMOLAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6390 US 19 North
Pinellas Park, Florida 33781
(727) 526-9133

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

03-23-64

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-1271058

Applied For

City & State

City & State

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
Pres	William A Marti	5509 VanBuren Street	Hollywood, Fl 33021
Vice P	William R. Wilson	2315 Greenbrier Drive	Delray Beach, Fl 33445
Sec/Treas	W. Gordon Wardell	6390 US 19 North	Pinellas Park, Florida 33781
Dir	G Lawrence Hunt	1814 B Landing Drive	Sanford, Florida 32771
Dir	Russell B Glendinning	2915 Bucida Drive	Sarasota, Florida 34232
Dir	Jacque A Couture	5318 Andrea Boulevard	Orlando, Florida 32807

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gordon Wardell
6390 US 19 North
Pinellas Park, Florida 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600002996896-7

-09/27/99-01000-006

****297 SFL 20000130

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

W. Gordon Wardell

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

W. Gordon Wardell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Gordon Wardell, Secretary-Treasurer

9-23-99

Date

727-526-9133

Daytime Phone #

CR2081 (12/98)