

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 AUG 15 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700713

1. Corporation Name

THE ORMOND BEACH WOMAN'S CLUB, INC.

2. Principal Office Address - No P.O. Box #

42 N. BEACH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

42 N. BEACH ST.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32174

Country

FLORIDA

City & State

ORMOND BEACH FL

Zip

32174

Country

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

1907

5. FEI Number

590799309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~LOUIS E. CONWAY~~ G. LARRY SIMS

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

~~140 E. GRANADA BLVD~~

Suite, Apt. #, Etc.

1020 W. INTERNATIONAL SPEEDWAY BLVD

City

ORMOND BEACH

State

FL

32174

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.

Signature of

Registered Agent

*G. Larry Sims*

REGISTERED AGENT MUST SIGN

Date

8-13-12

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BEVERLY FERRELL	60 BIG BUCK TRAIL	ORMOND BEACH FL 32174
V-P	KAY MEAD	96 OLD BARN TRAIL	ORMOND BEACH FL 32174
R-JEL	BETTY PIOT	51 MIGNERS TRAIL	ORMOND BEACH FL 32174
D	THERESA WEEKS	105 FAIRWAY DRIVE	ORMOND BEACH FL 32176

10. E-mail Address: BFFWIN@AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE: *Beverly M. Ferrell* BEVERLY M. FERRELL 8-10-12 386 6179427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #