

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 22 PM 1:22

DOCUMENT # 703312

1. Corporation Name

WILLISTON JUNIOR WOMAN'S CLUB, INC.

2. Principal Office Address

623 NE 2nd AVE

Suite, Apt. #, etc.

City & State

WILLISTON FL

Zip  
32696

Country  
LEVY

3. Mailing Office Address

PO Box 416

Suite, Apt. #, etc.

City & State

WILLISTON FL

Zip  
32696

Country  
LEVY

REINSTATEMENT

05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1961

5. FEI Number

59-0837907

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  
TAMMIE VASSOU

Street Address (P.O. Box Number is Not Acceptable)  
12910 NE 75th ST

Suite, Apt. #, Etc.

City  
BRONSON

State  
FL

Zip Code  
32621

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

*Tammie Vassou*

Date

2-1-07

REGISTERED AGENT MUST SIGN

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
PD	TAMMIE VASSOU	12910 NE 75th ST	BRONSON / FL / 32621
VP	CATRINA SISTUNK	6290 NE 184th TERR	WILLISTON / FL / 32696
2VP	BRANDY PETTEWAY	2891 NE 167th AVE	WILLISTON / FL / 32696
RS	MONIQUE ALLNUTT	628 SW 7th AVE	WILLISTON / FL / 32696
CS	MONIQUE ALLNUTT	628 SW 7th AVE	WILLISTON / FL / 32696
T	DARA BERGDOLL	17650 NE 60th ST	WILLISTON / FL / 32696

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 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 contained in Chapter 119, 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:

*Tammie Vassou* Tammie Vassou 2-1-07 352 486 2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #