

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 704265

1. Corporation Name

**MATRONS FEDERATED CLUB OF INDIAN RIVER COUNTY,
INC.**

Principal Place of Business

Mailing Address

3200-46TH ST
VERO BEACH FL 32967-1166
US

3200-46TH ST
VERO BEACH FL 32967-1166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1962

5. FEI Number

59-6582409

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
PD	MCMULLEN, MATTYE	4456-28TH AVE	VERO BEACH FL
D	MINNIS, LILLIE M	4301 28TH AVE	VERO BEACH FL
D	DUPREE, BEULAH	1705-38TH LANE	VERO BEACH FL
D	JACKSON, BERTHA	3200-46TH ST	VERO BEACH FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SESSIONS, REGINALD B
320 AVENUE A
FT PIERCE FL 34950

Name

Street Address (P.O. Box Number is not acceptable) 3200-46TH ST

Suite, Apt. #, Etc.

****245.00 ****245.00

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

10/13/99

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/99