## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Se	EPARTMEN of Stone of Corporation	ate		FILED  09 FEB -9 AM II: 35
DOCUMENT # 708529  1. Corporation Name				SECRETARY OF STATE FALLAHASSEE, FLORIDA	
JEINSEN BEACH WOMEN'S ASSOCIATION				31 02/09	DO143192373 3/0301058017 **542.50
2. Principal Office Address - No P.O. Box # 3. Malling Office Address			<u>.</u>	D.	EINICTATEMENIT OU -
SUGAR HILL ROAD POBOX		1402		111	CR2E081 (12/08)
Suite, Apt. #, etc. Suite, Apt. #,		etc.			
					orated or Qualified ness in Florida 5//3/1953
City & State City & State		_		5. FEI Number	Applied For
JENSEN BEACH	FLORIDA Zip	Count	· y		6/40646 Not Applicable
34958 USA	1 1		USA 6. CERTIFI		OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name Brundt Don I			☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
BEVERLY PATION Street Address (P.O. Box Number is Not Acceptable)					
865 NE VANDA TERRADO					
Suite, Apt. #, Etc.					
JENSEN BEACH		State FL	Zip Code 34957	tee be walved.	
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 Beverly Patton Oute 1/29/09					
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
P RITA SWIECH		547 SW HALPATIOKEE ST		eē St	S+4ART, FL 34994
V HELEN THURMAN		5107 PALM DR			FT. PIERCE, FL 34982
T BEVERLY PATION		865 NE VANDA TERRADO		CAOD	JENSEN BEACH, FL 3457
D WARRENE MANN		586 S€ r	ninorca A	NE	PT. ST. Lucie FL 34952
D JOAN MESSINA 1210		1574 SE MINOREA AVE		4ve	AT. ST. LUCIE FL 34952
D JENE MATHESON	<u>'</u>	725 SE 1	LULLABY T	ERR	PT ST. Lucie FL 34952
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 filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylistic Phone #					