

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 710121

1. Corporation Name

NEW COLLEGE LIBRARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5700 N TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US

5700 TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US

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

12/28/1965

5. FEI Number

59-6165192

Applied For

Not Applicable

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	4 City / State / Zip
D	SEIDER, TRACY	395 Avenida Milano	SARASOTA FL 34232
D	WATSON, JOANNE	4846 Kestral Park Cir.	SARASOTA FL 34231
D T	STEWART, LINDA	3937 Wilshire Dr.	Sarasota, FL 34238
DVP	BOWMAN, DAVID	1750 Floyd St.	SARASOTA, FL 34239
D S	GRIFFITH, KAREN	1351 N LAKE SHORE DR	SARASOTA FL 34234
D P	GAYLOR, W E	901 RIDGEWOOD AVE	VENICE FL 34292

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUMMERVILLE, JANE
5700 N TAMiami TR
LBR 207
SARASOTA FL 34243

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #