

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 MAR 29 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710828

1. Corporation Name

THE DEBARY PUBLIC LIBRARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 NCR BEALL BLVD  
DEBARY FL 32713  
US

PO BOX 213  
DEBARY FL 32713



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

4. Date Incorporated or Reinstated  
To Do Business in Florida  
05/03/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7229025

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LOMBARDI, GERALD D	45 CATALINA DR	DEBARY FL 32713
VD	PULVER, CAROL	21 VOLUSIA DR	DEBARY FL 32713
TD	LOMBARDI, SUSANNE M	45 CATALINA DR	DEBARY FL 32713
V2D	BARDON, MARYANN	25 LAKE DR	DEBARY FL 32713
SD	MIKE, RUTH	70 SACKETT RD	DEBARY FL 32713
D	MARKS, JAN	223 BUENA VISTA ST	DEBARY FL 32713

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOMBARDI, GERALD D  
45 CATALINA DR  
DEBARY FL 32713

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

*Gerald D Lombardi*

Date 2-9-02

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:

*Susanne M Lombardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/02

Date

386-668-7817

Daytime Phone #

CR2E040 (801)