


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **711354**

1. Corporation Name

**COLUMBIA COUNTY WOMEN'S CLUB, INC.**

Principal Place of Business	Mailing Address
1171 MARTIN L KING JR DRIVE LAKE CITY FL 32055 US	P O BOX 443 LAKE CITY FL 32056-443 US



**REINSTATEMENT-03**

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 Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1966	
City & State		City & State		5. FEI Number	
Zip		Country		59-0685929	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MAYO, WILLIE DEAN	RT 8 BOX 453	LAKE CITY FL 32055
S	MULDROW, GEORGIA	272 DERBY ST	LAKE CITY FL 32055
VD	COOLEY, WILLA V	1172 ABERDEEN ST	LAKE CITY FL 32055
T	FOREMAN, BARBARA	1201 WILSON STREET	LAKE CITY FL 32055
V	HAMILTON, EVERLENA	1249 S CAROLINA STREET	LAKE CITY FL 32055
D	ROBINSON, FRANCENA	LAURA STREET	LAKE CITY FL 32055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAYO, WILLIE DEAN  
RT 8 BOX 453  
LAKE CITY FL 32055

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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. or 617.0505, F.S.

Signature of Registered Agent Willie Dean Mayo Date 12/26/03  
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:

Willie Dean Mayo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/26/03  
Daytime Phone #

CR2E040 (7/03)