

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 2:41

DOCUMENT # 714366

1. Corporation Name

East Palmetto Womens Club, Inc.

2. Principal Office Address

1400 8th St. W.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pal., Fl.

City & State

Zip

Country

34221

Mont.

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/2/68

5. FEI Number

59-2456840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eva Daniels

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

~~1801 5th Ave. W.~~

Suite, Apt. #, Etc.

Palmetto

City

600004500576-0

-07/26/01--01087--021

***306.25 ***306.25

State
FL

Zip Code

34220

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

Registered Agent

Eva D. Daniels

Date

3/26/01

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/O	Eva Daniels	1801 5th Ave. W.	Palmetto Fl. 34221
S/O	Dorothy Simmons	3004 9th Ave Dr. E.	PALMETTO, FL 34221
T/O	Meldore Balkman	310 15th St. W.	Palmetto Fl. 34221

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 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:

Meldore Balkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/01

Date

941-722-8764

Daytime Phone #

CR2E081 (9/00)