

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 718993

1. Corporation Name  
G. F. W. C. Woman's Club of Ft. Charlotte, FL, Inc.

**REINSTATEMENT** 01-03

2. Principal Office Address  
20271 Tappan Zee

3. Mailing Office Address

P.O. Box 494004 33952

P.O. Box 494004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33949

Country

USA

Zip

33949

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/70

5. FEI Number

58-1895509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Helen Langdon

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

118 S.E. Peckham

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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

Helen E. Langdon

REGISTERED AGENT MUST SIGN

Date 4-21-03

**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-D	Patricia Harris	18240 Walbrette Circle	Port Charlotte, FL 33948
VP	Catherine Spyrle	21015 Baffin Ave	Port Charlotte, FL 33954
Sec-Treas	Imelda Picken	2453 Ivanhoe Street	Port Charlotte, FL 33952
Treas	Helen Langdon	118 S.E. Peckham	Port Charlotte, FL 33952

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:

Helen E. Langdon

Treasurer

4-21-03

941-625-4037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)