

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 25 PM 1:35

STATE
PANAMA CITY, FLORIDA

DOCUMENT # 722922

1. Corporation Name

Friends of the Bay County Public Libraries, Inc.

2. Principal Office Address - No P.O. Box #

25 WEST GOVERNMENT ST
P.O. Box 1613

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1613

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip 32401

32402-1613

Country

USA

City & State

Panama City, FL

Zip

32402-1613

Country

USA

REINSTATEMENT 04-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-17-1972

5. FEI Number

59-1896065

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

Edward A. Hutchison, Jr.

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

221 McKenzie Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

900104861099

06/26/07 Date 01025--008 ***428.75

900104861099

06/26/07 Date 01025--008 ***428.75

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
D	Hubbard, Norma	1100W. Beach Drive	Panama City, FL 32401
D	Mead, Bettina	1002 East Caroline Blvd.	Panama City, FL 32401
D	Price, Carlton	3637 W. Hwy 390, Apt 209	Panama City, FL 32405
	<u>Asst Secy</u>		

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 contained in Chapter 119, 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 #