

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:32

**DOCUMENT # 733516**

1. Corporation Name

**THE WEATHERSFIELD CIVIC ASSOCIATION, INC.**

900004652119--2  
-10/25/01--01001--019  
\*\*\*\*236.25 \*\*\*\*236.25



Principal Place of Business

Mailing Address

301 NORTE DAME  
ALTAMONTE SPGS FL 32714  
US

301 NOTRE DAME  
ALTAMONTE SPGS FL 32714  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 07**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	LACKEY, FORREST J.	301 NOTRE DAME	ALTAMONTE SPRGS. FL
T	RIVERA, IRIS	521 AUBURN	ALTAMONTE SPRGS FL
TD	REEVES, NANCY	372 CLEMSON DR	ALTAMONTE SPRINGS FL
T	COLLEY, HOMER	384 NOTE DAME	ALTAMONTE SPRINGS FL 32714
T	EDMISTER, MELVIN	328 CLEMSON DR	ALTAMONTE SPRNGS FL
T	WALKER, PRESTON	300 TRNITY AVE	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LACKEY, FORREST J  
301 NOTRE DAME  
ALTAMONTE SPRGS FL 32714

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

*Forrest J. Lackey*  
REGISTERED AGENT MUST SIGN

Date

10/12/2001

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:

*Forrest J. Lackey*  
*Forrest J. Lackey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2001

Date

407-862-2842

Daytime Phone #

CR20040 (801)