

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 24 PM 1:28

DOCUMENT # 739862

1. Corporation Name

Friends Library of Punta Gorda, Inc.

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

424 W. HENRY St.

Suite, Apt. #, etc.

3. Mailing Office Address

424 W. Henry Street

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

Punta Gorda, FL

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

8-9-1977

5. FEI Number
63-0015320

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

Henry J. Bauman

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

2320 Via Veneto Drive

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

☒ 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

Henry J. Bauman

REGISTERED AGENT MUST SIGN

Date 3/21/09

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
Pres	Heather Graham	7273 N. Blue Sage Street	Punta Gorda, FL 33950
V Pres	Shari Foley	7316 Satsumi Drive	Punta Gorda, FL 33950
Tres	Henry J. Bauman	2320 Via Veneto Drive	Punta Gorda, FL 33950
Dir	Bette Albarran	1576 Aqui Esta	Punta Gorda, FL 33950
Dir	Heidi Bosco	2821 La Mancha Court	Punta Gorda, FL 33950

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

3/21/09

Date

941-639-3626

Daytime Phone #