

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Brenda B. Mortham

Secretary of State

Division of CORPORATIONS

FILED

96 DEC 10 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 744446

1. Corporation Name

THE EAST MIMS PROGRESSIVE CIVIC LEAGUE, INC.

Principal Place of Business

P.O. BOX 892  
2452 S HARRY T MOORE AVE  
MIMS FL 32754-0892

Mailing Address

P.O. BOX 892  
2452 S HARRY T MOORE AVE  
MIMS FL 32754-0892

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1978

5. FEI Number

59-3045326

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WRIGHT, JUANITA	2616 HARRY T. MOORE AVE.	MIMS FL
VP	WARREN, CRANDALL	2397 S. HARRY T. MOORE AVE.	MIMS FL
SD	SMITH, CHARLIE O.	2452 S HARRY T MOORE AVE	MIMS FL
D	PILATE, NATHANIEL	2316 S. HARRY T. MOORE AVE.	MIMS FL
TD	MARTIN, CATHY	2570 MYRTLE AVE	MIMS FL
D	BOUIE, BRENDA	PO BOX 362 N/A	MIMS FL

8. Name and Address of Current Registered Agent

SMITH, CHARLIE O  
2452 S HARRY T MOORE AVE  
MIMS FL 32754

9. Name and Address of New Registered Agent

Name Cathy B. Martin  
Street Address (P.O. Box Number is Not Acceptable)  
2570 Myrtle Ave  
Suite, Apt. #, Etc.

City

Mims

State

FL

Zip Code

32754

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

Cathy B. Martin  
REGISTERED AGENT MUST SIGN

Date

Sept 17, 96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Cathy B. Martin

Cathy B. Martin

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0011825

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