

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 17 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750882

1. Corporation Name

GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.

Principal Place of Business

811 LUCERNE AVENUE
LAKE WORTH FL 33480
US

Mailing Address

811 LUCERNE AVENUE
LAKE WORTH FL 33480
US

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1980

5. FEI Number

59-0324308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE 75. Address of Corporation
To Do Business in Florida

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
D	ELFRETH, MARY GAY	1120 C. PARKSIDE GREEN	WEST PALM BEACH FL
P	CUNNINGHAM, PAUL	225 S. DOXE HWY.	LAKE WORTH FL
VPD	MAUNDER, CINDY	651 INDUSTRIAL WAY	BOYNTON BEACH FL
VP	SOMMERVILLE, JERRY	525 S. FLAGLER DR., #1	WEST PALM BEACH FL
T	MERVAK, GARY	5301 S CONGRESS AVENUE	ATLANTIS FL 33482
D	GAIN, ROBERT <i>THOMAS P. GAY</i>	1702 LAKE WORTH ROAD	LAKE WORTH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORDAN, EMORY C., III
2601 TENTH AVENUE NORTH
SUITE 314
LAKE WORTH FL 33481

Name

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

700003058547--8

Suite, Apt. #, Etc.

-12702799--01037--005

City

***236.25

State

FL

Zip Code

***236.25

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

[Signature]

REQUIRED

Date 10-13-99

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

[Signature]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-99

Daytime Phone #

592-4401