

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



AND
FILED

99 JUN 16 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753367

1. Corporation Name

The Quin Women's Club, Inc.

Principal Place of Business

Mailing Address

Route 2, Box 49
Monticello, FL 32344

REINSTATEMENT

94-99

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2144425	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	Ollie Dell Parrish	Route 2 Box 49	Monticello, FL 32344
D	Essie M. Seabrooks	Route 2 Box 43	Monticello, FL 32344
D	Ann L. Herring	Route 2 Box 79	Monticello, FL 32344
S	Jacqueline Seabrooks	Route 2 Box 84F	Monticello, FL 32344
S	Ollie J. Jones	Route 2 Box 40	Monticello, FL 32344
T	Juanita M. Crumity	1130 West 25th Street	Riviera Beach, FL 33404

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Ollie Dell Parrish Rt. 2 Box 49 Monticello, FL 32344		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		200002914942-2 -06/24/99-01101-009 ****567.00 FL ****567.00	

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: Ollie Dell Parrish Date: 6/16/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(j), 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: Juanita M. Crumity 6/8/99 561-842-5864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/96)