PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
97 OCT 30 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766079**

1. Corporation Name

NORTH PORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215 US	12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215 US

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

REINSTATEMENT 97 10/30

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: 12/13/1982

5. FEI Number: 59-2437272 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~GRIFFIN, NANCY~~	~~14400 TAMIAMI TRL., STE. B~~	~~NORTH PORT FL~~
D	MADISON, MARK	12767 S. TAMIAMI TRAIL	NORTH PORT FL
~~TD~~	~~SWANSON, STUART~~	~~14299 S. TAMIAMI TRAIL~~	~~NORTH PORT FL~~
D	LEMEK, TED	12705 S. Tamiami Trail	NORTH PORT FL
~~PD~~	~~BARTEE, JAMES M~~	~~13644 TAMIAMI TRAIL~~	~~N PORT FL~~
TD	REX, ROSE	5900 NORTH PORT BLVD	NORTH PORT FL
~~SD~~	~~JOHNSON, JOYCE~~	~~14503 S. TAMIAMI TRAIL~~	~~N. PORT FL~~
SD	HERRON, SAM H., JR.	12200 SAN SERVANDO AVE.	NORTH PORT, FL
D	LUNDGREN, RICHARD	13001 S. TAMIAMI TRAIL	N. PORT FL
~~D~~	~~COOPER, V. JACK~~	~~4002 BULA~~	~~N PORT FL~~
PD	Cooper, V. Jack	4002 Bula	N PORT FL

8. Name and Address of Current Registered Agent

MELLOR, CORD C.
13801-D S TAMIAMI TR.
N PORT FL 34287

9. Name and Address of New Registered Agent

Name: Patricia Foster, Executive Director
Street Address (P.O. Box Number is Not Acceptable): 12705 Tamiami Trail
Suite, Apt. #, Etc.:
City: North Port | State: FL | Zip Code: 34287

CR2E040 (8/97)

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: Patricia F. Foster, Registered Agent — Date: 10-28-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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*****30.00 *****30.00

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 upon 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: V. Jack Cooper, President — 10-28-97 — 426-0671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #