

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 OCT 28 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768728

1. Corporation Name

NORTH LAKELAND MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5320 U.S. HWY 98N
P.O. BOX 24551
LAKELAND FL 33809

5320 U.S. HWY 98N
P.O. BOX 24551
LAKELAND FL 33809

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

06/02/1983

5. FEI Number

59-2482338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
CD	WABER, JIM Barrett, Mary D.	400 HEATHERPONT DRIVE 2926 Forest Brook Dr. E.	LAKELAND FL 32809
VD	MONROE, GARY Jackson, Carolyn	540 WINDERMERE DRIVE 35 Lake Morton Drive	LAKELAND FL 33802
PD	BARRETT, MARK D. Walters, Betty	2020 FOREST BROOK DRIVE E 2020 Combee Road S. #5	LAKELAND FL 33801
SD	GOSTER, TERRY Gulla, Judie	8047 GLENRIDGE DR. 8047 Glenridge Lane	LAKELAND FL 33809
TD	FINE, DAVID A. Gulla, Judie	416 E HENNING DR 8047 Glenridge Lane	LAKELAND FL 33809

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRETT, MARK D. 2020 FOREST BROOK DR. E. 5320 U.S. HWY 98 N LAKELAND FL 33809	Name Betty Walters Street Address (P.O. Box Number is Not Acceptable) 2020 Combee Road S. Suite, Apt. #, Etc. City Lakeland	300001994609-5 -11/04/96-01008-001 ***175.00
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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

Betty Walters
REGISTERED AGENT MUST SIGN

300001994609-5

Date 11/04/96-01008-001
***208.75

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:

JUDIE GULLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-96

Date

941-858-5172

Daytime Phone