

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 18 AM 10:57

DOCUMENT # 770669

1. Corporation Name

Friends of Emily Taber Library, Inc.

2. Principal Office Address - No P.O. Box #
14 McIver Avenue West

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macclenny, Florida

City & State

Zip

32063

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3052155

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

Frank E. Maloney, Jr., P.A.

Street Address (P.O. Box Number is Not Acceptable)
445 East Macclenny Avenue

Suite, Apt. #, Etc.

City

Macclenny

State

FL

Zip Code

32063

REINSTATEMENT

07-10 B 10/19/10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	O.O. McCollum	7616 CR 125 South	Glen St. Mary, FL 32040
VD	April Teel	11381 S. Confederate Drive	Glen St. Mary, FL 32040
STD	Diane Whiting	P.O. Box 587	Macclenny, FL 32063

10. E-mail Address: gg@frankmaloney.us

(To be used for future annual report notification)

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. I further certify 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/10
Date

904-259-6552
Daytime Phone #