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	ر و س⊃ م	PLEA	SE READ A	LL INSTRU	CTIONS BEF	ORE.CO	MPLETIN	NG THIS	FORM.		
The state of the s	REINSTATEMENT			Secre	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS				03 SEP -	STEIGHT OF	
	DOCUMENT # 1/00000000892 1. Corporation Name St. Lucie County Women's Bowling Association, Inc.						4000231776345 309/48/0301073006 **1315.25				
	2. Principal Office Address 3. Mailing 3401 Delaware Av.			3. Mailing Office A	Office Address REIN			NSTATEMENT 02-03			
11.	Suite, Apt.		1.1	Suite, Apt. #, etc.		4	Date Incorpor To Do Busine	rated or Qualific	ed		1
A CONTRACTOR	City & State	State Pierce Horida Fort			Pierce Florida 5. FEI Nur Country			2187	17	Applied For Not Applicable	
	349	47 05	<u>A</u> []:	34947	USA	6.	CERTIFICATE O	F STATUS DESI	RED S8.75 Add for a Co	itional Fee require	
	7. Name and Address of Current Registered Agent Name Continuo Cullet Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.										
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e Maje	:	Cont f	ierce A	Florid	a.	· · · · · · · · · · · · · · · · · · ·		State Zip C	Code 1047		
· · · • • •	8. I, being Signature o Registered	appointed the registered	egent of the stove	44 (44 (44 (44 (44 (44 (44 (44 (44 (44	am familiar with and ac	cept the obligat	tions of section	607.0505 or 61	7.0503, F.S.	003	CR2E081 (10/02)
; . '.	9. Names		r Director (Florida no	orida nonprofit corporations must list at least 3 directors) Street Address of Each				, City / State / Zip			
	P	Belinda	and/or Directors	et 34	Officer and/	Of Director	Aug 1	5H1	Porcet	1/6 34	4/1
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	7, N N= 24 22 22 22										
	ched b	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.									
	SIGNAT		NO TYPED OR PRINT	ED NAME OF SIGNING	OFFICER OR DIRECTOR	6/	27/2	003. 1	712-46/ Daytime Phor	16342	

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Dorothy Latimer 2305 Matanzas Avenue Fort Pierce, Florida 34946

June 27, 2003

Subject: St. Lucie County Women's Bowling Association, Inc.

Ref. Number: N00000000892

I am writing on behalf of the St. Lucie County Women's Bowling Association, Inc. annual uniform business report for the 2002 and 2003 business years. In reviewing some files, I realized that we did not received the forms for those years, resulting in our organization becoming inactive. On July 24, 2001, a report was filed with changes on the new registered agent, including name and address. Looking on the internet the registered agent's information is there but the information was never changed at the principal address nor mailing address, therefore, causing the forms to be sent elsewhere.

The Women's Bowling Association is requesting a corporation reinstatement and to have the reinstatement fees waived due to not receiving the forms. Enclosed is a completed application with the supplemental fee of \$122.50 for the two years dissolved.

Your consideration and help in this matter will be greatly appreciated by our organization.

Dorothy Latimer

Secretary/Treasurer

(772)461-6342

cc: belinda quillet