


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV 19 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003764

1. Corporation Name

TREASURE COAST ASSOCIATION OF WOMEN LAWYERS, INC

Principal Place of Business

10014 S. FEDERAL HWY.
PT. ST. LUCIE FL 34952

Mailing Address

10014 S. FEDERAL HWY.
PT. ST. LUCIE FL 34952



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2000

5. FEI Number

65-1018615

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 3	City / State / Zip 4
PD	BALDWIN, PATRICIA A	10014 S. FEDERAL HWY.	PT. ST. LUCIE FL 34952
VP	HENDRICKSON, KATHLEEN	2770 INDIAN RIVER BLVD.	VERO BEACH FL 32960
VP Director	LANCY, OLIVEANN	P.O. BOX 623	STUART FL 34995
VP	MILLER, MARJORIE G.	4650 S.W. COUNTRY PLACE RD.	PALM CITY FL 34990
Tr Director	Scott, Portia	1045 S.E. Ocean Blvd. Stuart, FL 34996	Stuart, FL 34996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDWIN, PATRICIA A ESQ.
10014 S. FEDERAL HWY.
PT. ST. LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

PA Baldwin

REGISTERED AGENT MUST SIGN

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-12/12/01--01085--011

****236.25 ****236.25

Date 10/16/01

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 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:

PA Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 561-337-5100

CR2040 (8/01)