

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 23 PM 3:20

DOCUMENT # **N00000004528**

1. Corporation Name

**THE NORTH FLORIDA INTERNATIONAL VISTIORS COUNCIL, INC.**

Principal Place of Business

Mailing Address

1540 SOUTH ADAMS ST. STE 1  
TALLAHASSEE FL 32307

1540 SOUTH ADAMS ST. STE 1  
TALLAHASSEE FL 32307



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/07/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3662640	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GLEE, ROSE DR.	1540 SOUTH ADAMS STREET, STE. 1	TALLAHASSEE FL 32307
D	FORD, CLINITA DR.	2029 N. MERIDIAN ROAD	TALLAHASSEE FL 32303
D	LUCAS, CHRISTINE MS.	136 BRONOUGH STREET, P.O. BOX 11	TALLAHASSEE FL 32302
S	STRONG, KAYE MS.	106 E. JEFFERSON STREET	TALLAHASSEE FL 32301
T	SESSION, JOHNNY MS.	400 NORTH ADAMS STREET	TALLAHASSEE FL 32301
MGD	LUTABINGWA, JESSE DR.	1540 SOUTH ADAMS STREET, STE. 1	TALLAHASSEE FL 32307

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GLEE, ROSE  
1540 SOUTH ADAMS ST, STE 1  
TALLAHASSEE FL 32307

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	800008887948
City	11/08/02--01056--001 **\$61.25
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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date 10-21-02

REGISTERED AGENT MUST SIGN

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:

*Johnny Session*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/21/02

Daytime Phone #

CR2E040 (8/02)



**NORTH FLORIDA INTERNATIONAL VISITORS COUNCIL**

1540 South Adams Street, Suite 100  
Tallahassee, Florida 32307-5005

Telephone: (850) 599-3562

Fax: (850) 561-2587

October 22, 2002

Florida Department of State  
Mr. Jim Smith  
Secretary of State  
Div. of Corporations  
Tallahassee, FL

Dear Mr. Smith:

This letter is to inform that our non-profit organization, The North Florida International Visitors Council, Inc. did not receive the prior UBR notices report and would like to request them at this time.

Thanks very much for your assistance and if there are any questions regarding this request, please contact me directly.

Sincerely,

Johnny Session  
Treasurer