

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

02 MAR -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007245

1. Corporation Name

GAITHER NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

714 BROOKRIDGE DR.
TALLAHASSEE FL 32310

Mailing Address

714 BROOKRIDGE DR.
TALLAHASSEE FL 32310

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

10/31/2000

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 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/D	NORWOOD, EDWIN F	PO BOX 6049	TALLAHASSEE FL 32314
V/D	MCQUEEN, WILLIAM H	2920 RACKLEY DR.	TALLAHASSEE FL 32310
S/D	WILLIAMS, MAE F	3004 PASCO DR.	TALLAHASSEE FL 32310
S/D	HAUGABROOK, VERA	1005 TANNER DR.	TALLAHASSEE FL 32310
D	PERRY, IRENE	3105 RACKLEY DR.	TALLAHASSEE FL 32310
T/D	LACOUNT, HARVEY L	401 GAITHER DR.	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

NORWOOD, EDWIN F JR
714 BROOKRIDGE DR.
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

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

EDWIN F. NORWOOD, JR.

REGISTERED AGENT MUST SIGN

Date

3/5/02

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:

EDWIN F. NORWOOD, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02 850 574-0086

CR2E040 (8/01)