

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 28 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002367

1. Corporation Name

Tri County Detachment of The Marine Corps League
and Ladies Auxiliary, Inc.

2. Principal Office Address

P.O. Box 1955

Suite, Apt. #, etc.

City & State

Cross City, FL

Zip

32628

Country

Dixie

3. Mailing Office Address

115 NE 112 Ave

Suite, Apt. #, etc.

City & State

Old Town, FL

Zip

32680

Country

Dixie

4. Date Incorporated or Qualified
To Do Business in Florida

30 Mar 2001

5. FEI Number

59-3583041

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M. E. Christians

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

115 NE 112 Ave

Suite, Apt. #, Etc.

City

Old Town, FL

State

FL

Zip Code

32680

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

M. E. Christians

Date

10/25/04

REGISTERED AGENT MUST SIGN

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	Harry Hopwood	5790 SW 104 th CT	Cedar Key, FL 32625
T	M. E. Christians	115 NE 112 Ave	Old Town, FL 32680
Y	Frank Coddington	PO Box 330	Old Town, FL 32680

10. 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:

M. E. Christians
M. E. Christians

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/04

Daytime Phone #

352-542-8020

CR2E081 (01/04)