

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 19 PM 2:13

DOCUMENT # N01000002674

1. Entity Name  
THE MATLACHA HOOKERS, INC.



Principal Place of Business  
12370 SHOREVIEW DRIVE  
MATLACHA, FL 33993

Mailing Address  
P.O. BOX 111  
MATLACHA, FL 33993

SECRETARY OF STATE  
300060 TALLAHASSEE, FLORIDA  
10/19/05--01044--014 \*\*70.00



2. Principal Place of Business  
11940 ISLAND AVE  
Suite, Apt. #, etc.

3. Mailing Address  
AS ABOVE  
Suite, Apt. #, etc.

10142005 REIN-NP CR2E099 (6/04)

City & State  
MATLACHA, FL  
Zip  
33993  
Country  
USA

City & State  
Zip  
Country

4. FEI Number  
65-1121335  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, NANCY E <Goodwin>  
12370 SHOREVIEW DRIVE  
MATLACHA, FL 33993

7. Name and Address of New Registered Agent

Name  
DEBBIE LUNDALL  
Street Address (P.O. Box Number is Not Acceptable)  
11940 ISLAND AVE.  
City  
MATLACHA FL Zip Code  
33993

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debbie Lundall* DEBBIE LUNDALL 10-15-05  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOODWIN, NANCY E 12370 SHOREVIEW DR. MATLACHA, FL 33993	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAFORA, MARGE 4759 FLAMINGO DR. SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, ELLEN 4660 PINE ISLAND RD., 4-C MATLACHA, FL 33993	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BREAUT, AMY 242 SE FIRST AVE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEPRIEST, CHERYL 6180 GROVE ST BOKEELIA, FL 33992	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSEIK, DJ 7840 LOBEAN LN BOKEELIA, FL 33922	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBBIE LUNDALL 11940 ISLAND AVE. MATLACHA, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NANCY GOODWIN 12370 SHOREVIEW DR. MATLACHA, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TERRY BELL 619 S.W. 12th TERRACE CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LINDA WARSCHAUER 3718 SURFSIDE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAPLIN VICKI MATSKO 2009 S.W. 28th TERRACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Goodwin* 10-15-05 239-283-5651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #