

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007339

1. Corporation Name

TRI-COUNTY BUSINESS WOMEN, INC

Principal Place of Business

Mailing Address

1203 SAN BERNARDO RD
THE VILLAGES FL 32162

1203 SAN BERNARDO RD
THE VILLAGES FL 32162

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

607 Lisbon Lane

607 Lisbon Lane

Suite, Apt. #, etc.
The Villages FL

Suite, Apt. #, etc.
The Villages FL

City & State

City & State

Zip

Country

32159 USA

Zip

Country

32159 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

FEIN: 52-2382913

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
P	HUNT, CAROLYN L	1203 SAN BERNARDO RD	THE VILLAGES FL 32162
VP	ALLEN, JULIA	2148 MARGARITA DR	THE VILLAGES FL 32159
TREA	GOLDENSOHN, HENNIE	607 LISBON LA	LADY LAKE FL 32159
SEC	CURLEY, MAUREEN	1203 ARRIAGO WAY	THE VILLAGES FL 32162

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUNT, CAROLYN L
1203 SAN BERNARDO RD
THE VILLAGES FL 32162

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. or 617.0505, F.S.

Signature of
Registered Agent

Carolyn L. Hunt

Carolyn L. Hunt

Date

11-13-03

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:

Julia A. Allen *Julia A. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-03

Daytime Phone #

CR20040 (7/03)

Tri-County Business Women, Inc
Making a Difference



November 13, 2003

Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood:

Since we did not receive prior annual reports/uniform business reports notices, we are asking for re-instatement and waiver of the re-instatement fee. Enclosed are the completed re-instatement application properly signed by the registered agent and an officer and the annual report fee of \$70.00. Please provide a certificate of status.

Thank you for your assistance in this matter.

Sincerely,

Carolyn L. Hunt