

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 25 AM 8:10

DOCUMENT # **NO3000008155**

1. Corporation Name

COUNTRY ROAD QUILTERS, INC

100184704001
08/25/10--01028--010 **542.50

2. Principal Office Address - No P.O. Box #

1845 NW 46th CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.B. 771282

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34482

Country

U.S.A.

Zip

34477

Country

U.S.A.

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2003

5. FEI Number

20-0254219

☐ 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

FREDA M. JONES

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

1845 NW 46th CIRCLE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34482

REINSTATEMENT

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

Freda M Jones

REGISTERED AGENT MUST SIGN

Date **August 23, 2010**

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
PD	NANCY KAY SMITH	6001 SE 129 th PLACE	BELLVIEW, FL 34420
VD	ANN-MARIE FINLAY	5040 NE 132 nd PLACE	ANTHONY, FL 32617
SD	KITA HESLINGA	11672 SW 140 th LANE	DUNNELLON, FL 34432
TD	SHARON WEISENFLUH	518 LAKE DRIVE	OCALA, FL 34472

10. E-mail Address: **1845QUILTER@cfl.rr.com**

(To be used for future annual report notification)

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. I further certify, 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:

Ann-Marie Finlay - Ann-Marie Finlay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/10

Date

352-620-2998

Daytime Phone #