

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
99 JAN -1 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03963

1. Corporation Name

DIXIE COUNTY FRIENDS OF THE LIBRARY, INC.

Principal Place of Business

Mailing Address

LIBRARY IN CROSS CITY  
P O BOX 778  
CROSS CITY FL 32628-0078  
US

P O BOX 778  
P.O. BOX 778  
CROSS CITY FL 32628-0078  
US

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



REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1984

5. FEI Number

59-2426890

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BALLARD, ANN C	P.O. BOX 1176 HIGHWAY 351 N N A	CROSS CITY FL 32628
DVT	SMITH, BETTY	P O BOX 583 105 DEWATER LANE N/	OLD TOWN FL
DS	HOCH, DAWN	RED FOX ROAD	OLD TOWN FL
T	HURST, BETTY	P.O. BOX 1300 N A	OLD TOWN FL 32680
T	ALLEN, JOE H	CTY COURTHOUSE	CROSS CITY FL 32628
T	DAUGHDAY, GRETIN	RT. 2 BOX 789 N A	OLD TOWN FL 32806

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, BETTY D  
105 DEWATER LANE  
OLD TOWN FL 32680

Name

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

Suite, Apt. #, Etc.

City

100002735511-3

-01/08/99-01114-011

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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

*Betty D. Smith*  
REGISTERED AGENT MUST SIGN

Date 12-3-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Betty D. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-3-98 542-7676

CR2040 (8/98)