

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JAN 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N04000001528*

1. Corporation Name

*Woodlawn / Galilee Cemetery
Restoration Task Force, Inc.*

2. Principal Office Address

1781 Dr. M.L.K. Jr Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34234

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/09/2004

5. FEI Number

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

Shirley Walker

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

1781 Dr. M.L.K. Jr. Way

Suite, Apt. #, Etc.

800085641408

*01/23/07--01005--020 ***367.50*

City

Sarasota

State

FL

Zip Code

34234

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

Shirley Walker

Date

1/9/07

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
<i>P</i>	<i>Valerie Buchand</i>	<i>2562 Janie Poe Drive</i>	<i>Sarasota, FL 34234</i>
<i>V</i>	<i>Euline Myrick</i>	<i>2705 18th Street</i>	<i>Sarasota, FL 34234</i>
<i>S</i>	<i>Shirley Walker</i>	<i>3111 Goodrich Ave</i>	<i>Sarasota, FL 34234</i>
<i>T</i>	<i>Della Ferguson</i>	<i>3211 Bunche Street</i>	<i>Sarasota, FL 34234</i>
<i>D</i>	<i>Audrey Mayes</i>	<i>3108 Newtown Blvd</i>	<i>Sarasota, FL 34234</i>
<i>D</i>	<i>Dr. James Marsh</i>	<i>2677 South Tamiami Trail</i>	<i>Sarasota, FL 34234</i>

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 contained in Chapter 119, 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:

Shirley Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07

Date

941.359.0520

Daytime Phone #

11760