

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000005880

**FILED**  
**Jul 22, 2011**  
**Secretary of State**

**Entity Name:** MIDTOWN MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1114 V THOMASVILLE ROAD  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

1123 THOMASVILLE ROAD  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1114 V THOMASVILLE ROAD  
TALLAHASSEE, FL 32301

**New Mailing Address:**

1123 THOMASVILLE ROAD  
TALLAHASSEE, FL 32301

**FEI Number:** 04-3793552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNY, JOHN C ESQ  
241 EAST SIXTH AVE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

BATES, JEAN  
1128 MORNINGSIDE CT  
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: JEAN BATES

07/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BATES, JEAN  
Address: 1123 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: MURRAY, EDWARD  
Address: 1123 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: SUMMERS, PHIL  
Address: 1123 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: MAGGIE, WILLMAN  
Address: 1123 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: MATHIS, JULIAN  
Address: 1123 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: WILLIAMS, LAURA  
Address: 1123 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEAN BATES

PRES

07/22/2011

Electronic Signature of Signing Officer or Director

Date