

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

17 JAN 24 AM 8:52

DOCUMENT #

1. Corporation Name

Dade City Widows Mite, Inc.
Rep. Number: NO4000007399

100294717101

01/25/17--01004--002 **245.00

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

21203 US. 98 Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 573
Suite, Apt. #, etc.

Dade City, Fla.
City & State

Largo, Fla
City & State

33523

33523 Pasco

33537

Pasco

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/2017

5. FEI Number

20-1412826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Hazel Ruth Wells
Hazel Ruth Wells
Street Address (P.O. Box is not acceptable)
21203 US. 98 Hwy
Suite, Apt. #, etc.

Dade City

State
FL

Zip Code
33527

100294717101
01/25/17--01004--003 **175.00

REINSTATEMENT

2014-2017

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

Hazel Ruth Wells
REGISTERED AGENT MUST SIGN

Date Dec. 31, 2016

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
Pres	Connie Mustipher	13602 120 Lane N. Largo, Fla 33778	Largo, Fla 33778
Secy	Wanda Jones	718 Bay Vista Blvd.	St. Petersburg, Fla 33705
Trea.	Amelia Wilson	37126 Goldenrod Ct. Dade City Fla	Dade City Fla 33525

10. E-mail Address: CMUSTI2499@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Hazel R. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #