

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
98-99AR

FILED

99 JAN 21 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05387

1. Corporation Name

INSURANCE WOMEN OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

P O BOX 12516
TALLAHASSEE FL 32317-2516

P O BOX 12516
TALLAHASSEE FL 32317-2516

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

4. Date Incorporated or ~~Reinstated~~ 22.50 ***122.50
To Do Business in Florida

09/27/1984

5. FEI Number

59-2715188

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GALBRAITH, ROBERTA	7845 PARLIAMENT CT	TALLAHASSEE FL
PD	CAVALLARO, CINDI Paula Hudson	8994 CHICKASAW TRAIL Rt 5 Box 5570	TALLAHASSEE FL 32312 Monticello FL 32344
D	INGHAM, BERNICE Joan B Hawk	6742 WALDEN CIRCLE 2100 Darnell Circle	TALLAHASSEE FL Tallahassee, FL 32303
D	SHIRLEY, KATHY Angela Wattles	6744 TIM TAM TRAIL Po Box 13297	TALLAHASSEE FL Tallahassee, FL 32317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALBRAITH, ROBERTA
7845 PARLIAMENT CT
TALLAHASSEE FL 32308

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

 **REGISTERED AGENT MUST SIGN**

Date 1-12-99

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)(f), 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:

 **REGISTERED AGENT MUST SIGN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

January 15, 1999

Insurance Women of Tallahassee
PO Box 12516
Tallahassee, FL 32317-2516

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Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporate Filing

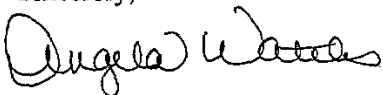
To Whom It May Concern:

Per my conversation earlier in the week with Shawn, the attached is an updated application with the filing fees for 1998 & 1999 showing all changes.

The reinstatement fees are being waived due to the original application was mailed before the deadline. However, per Shawn the application had changes, which needed a signature and was returned. Unfortunately, we never received the returned application.

If you have any questions or comments, you may call me at (850) 894-1622.

Sincerely,



Angela Wattles, ACSR
IWOT, Treasurer

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