

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 20 AM 10:03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N08000000714

1. Corporation Name
Friends of Clearwater Beach Recreation
Center/Library

300181142463
05/20/10--01028--007 **297.60

2. Principal Office Address - No P.O. Box # <u>745 Bruce Ave</u>		3. Mailing Office Address <u>745 Bruce Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clearwater FL</u>		City & State <u>Clearwater, FL</u>	
Zip <u>33767</u>	Country <u>USA</u>	Zip <u>33767</u>	Country <u>USA</u>

REINSTATEMENT 09-10

7. Name and Address of Current Registered Agent

Name PATRICIA POWER

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

Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 33767

4. Date Incorporated or Qualified To Do Business in Florida 1/24/2008

5. FEI Number None Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Patricia Power Date 5/18/2010

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
D	<u>PATRICIA POWER</u>	<u>745 Bruce Ave Clearwater, FL 33767</u>	<u>Clearwater, FL 33767</u>
D	<u>Bon Delp</u>	<u>750 Lantana Ave</u>	<u>Clearwater, FL 33767</u>
D	<u>Anne Garrison</u>	<u>38 Acacia St</u>	<u>Clearwater, FL 33767</u>

10. E-mail Address: REC AND READS@earthlink.net
(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., 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.

SIGNATURE: Patricia Power PATRICIA POWER Date 5/18/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #