

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 11 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08326

1. Corporation Name

LEMON BAY HISTORICAL SOCIETY, INC.

Principal Place of Business
P.O. BOX 1245
ENGLEWOOD FL 34295-1245

Mailing Address
P.O. BOX 1245
ENGLEWOOD FL 34295-1245



REINSTATEMENT 90

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		4. Date Incorporated or Qualified To Do Business in Florida 03/22/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2387828	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
VD	DAVID WELBORN DIANA HARRIS	535 BAY PARK BLVD., 1700 PARKER RD	ENGLEWOOD FL
PD	HORTON, ESTHER	1017 BAY HARBOR DR	ENGLEWOOD FL
SD	BASCH, DIANE	1525 GULD BLVD	ENGLEWOOD FL
TD	VAN NORMAN, HELEN E.	730 MICHIGAN AVENUE	ENGLEWOOD FL
			500002027795--5 -12/12/96--01095--006 ***236.25 ***236.25
			1012-11-96

8. Name and Address of Current Registered Agent

HORTON, ESTHER A
1017 BAY HARBOR DR
ENGLEWOOD FL 34224

9. Name and Address of New Registered Agent

Name
ESTHER A. HORTON
Street Address (P.O. Box Number is Not Acceptable)
1017 BAY HARBOR DR
Suite, Apt. #, Etc.

City
ENGLEWOOD
State
FL
Zip Code
34224

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

Esther A. Horton
REGISTERED AGENT MUST SIGN

Date

12/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(i), 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:

Esther A. Horton, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/96

Daytime Phone #

941-474-9337

CR2E940 (7/96)