

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -4 PM 12:32

DOCUMENT # N09000010160

1. Corporation Name

FRANKLIN COUNTY VOTEAS' COUNTY-WIDE
VOTING POLITICAL ACTION COMMITTEE, INC.

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

198 FIFTH STREET

Suite, Apt. #, etc.

N/A

City & State

APALACHICOLA, FL

Zip

32320

Country

USA

3. Mailing Office Address

POST OFFICE BOX 702

Suite, Apt. #, etc.

N/A

City & State

APALACHICOLA, FL

Zip

32329

Country

USA

400192570014
02/04/11--01040--015 **\$1.25
400192570014
01/26/11--01029--004 **\$245.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2009

5. FEI Number

30-0584820

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORA L. RUSS

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

198 FIFTH STREET

Suite, Apt. #, Etc.

N/A

City

APALACHICOLA

State

FL

Zip Code

32320

10-11
REINSTATEMENT

T3 2/4/11

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

Cora L. Russ

REGISTERED AGENT MUST SIGN

Date 01/24/2010

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 | VAN W. JOHNSON | 449 23RD AVENUE | APALACHICOLA, FL 32320 |
| D | DOLORES ROWK | 87 FIFTH STREET | APALACHICOLA, FL 32320 |
| D | KEN OSBORNE | 1508 ALLIGATOR DRIVE | ALLIGATOR POINT, FL 32346 |
| D | CORA L. RUSS | 198 FIFTH STREET | APALACHICOLA, FL 32320 |
| | | | |
| | | | |

10. E-mail Address: CRUSS@media.combb.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., 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:

Cora L. Russ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/24/2010

Daytime Phone #