

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10161

1. Corporation Name

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

Principal Place of Business

Mailing Address

7921 RON BEATTY BLVD
MICCO FL 32976
US

7921 RON BEATTY BLVD
MICCO FL 32976
US

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

07/11/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2470978

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
✓	WELLS, RUTH	1218 CALUSA DR	BAREFOOT BAY FL 32976
✓	MCGRATH, HOPE Robert Carillion	401 S SEAGULL CIR 1218 Barefoot Circle	BAREFOOT BAY FL 32976 Barefoot Bay, FL 32976
✓	GRUBE, CAROL Ilda Barbieri	701 LANTANIA DR 800 Sapodilla Dr.	BAREFOOT BAY FL 32976 Barefoot Bay, FL 32976
✓	EDDY, INGRID	916 YEW ST	BAREFOOT BAY FL 32976
✓	UMILE, RITA	414 ROYAL TERN DR	BAREFOOT BAY FL 32976 Barefoot Bay, FL 32976
✓	RICHARDS, LILLIAN	526 TARPON DR.	BAREFOOT BAY FL 32976

8. Name and Address of Current Registered Agent

GRUBE, CAROL
701 LANTANIA DR
AREFOOT BAY FL 32976

9. Name and Address of New Registered Agent

Name James Wheeler
Street Address (P.O. Box Number is Not Acceptable) 7921 Ron Beatty Blvd.
Suite, Apt. #, Etc. South Mainland Library
City Micco State FL Zip Code 32976

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

James Wheeler
REGISTERED AGENT MUST SIGN

Date 10/15/03

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 is 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:

Lillian Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(772) 664-4066

71 10/15



October 17, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

To the best of my knowledge, our organization did not receive any prior UBR notices. So I am requesting a waiver of the reinstatement fee. A check for \$61.25 for non-profit corporation's filing fee is enclosed.

Thank you very much,

Lillian Richards

Lillian Richards, President
Friends of the Library of South Brevard