

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

15 FEB 23 PM 5:33
SECRETARY OF STATE
MAIL ROOM

DOCUMENT # N11000002861

1. Corporation Name
*Friends of the Library of Hernando Co.,
FL, INC*

2. Principal Office Address - No P.O. Box #
238 Howell Ave

3. Mailing Office Address
238 Howell Ave

City & State
Brooksville, FL
Zip
34601
Country
Hernando

City & State
Brooksville, FL
Zip
34601
Country
Hernando

4. Date Incorporated or Qualified To Do Business in Florida
June 1983

5. FEI Number
59-2401288

6. CERTIFICATE OF STATUS DESIRED
yes

7. Name and Address of Current Registered Agent
Name
Betty Geentjens
Street Address (P.O. Box Number is Not Acceptable)
2320 Ardenwood Drive
City
Spring Hill
State
FL
Zip Code
34609

100268107381
02/23/15--01051--028 **52.50
100268107381
01/07/15--01020--009 **367.50

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 *Betty Geentjens* Date *1/5/2015*
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
P	Betty Geentjens	2320 Ardenwood Drive	Spring Hill, FL 34609
V	Claire McMahon	2074 Quailwood LA	Spring Hill, FL 34609 34606
T	ANN MARIE Galea	11163 Paco St	Spring Hill, FL 34609
S	Elizabeth Depew	2434 Worthington Ct	Spring Hill, FL 34606

REINSTATEMENT 2012-2015
FEB 25 2015
W15-2839
420.00

10. E-mail Address: *hbgeentj@juno.com*
(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: *Betty Geentjens* Date *1/5/2015* (352) 684-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR