

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP 12 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11076**

1. Corporation Name

**Friends of the Gulf county Public
Libraries, Inc.**

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

110 Library Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

110 Library Dr.

Suite, Apt. #, etc.

City & State

Port St. Joe FL

Zip

32456

Country

U.S.A.

City & State

Port St. Joe FL

Zip

32456

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1985

5. FEI Number

592849220

☐ 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

Carl Copeland

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

110 Library Dr.

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

900212005569
09/12/11--01055--004 **297.50

REINSTATEMENT

10-11 EIT 17-10

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

Carl Copeland

(REGISTERED AGENT MUST SIGN)

Date **9/8/2011**

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	Cathy Colbert	1310 barrison Ave.	PSJ FL 32456
VP	Mary K. Carpenter	602 17 th Street	PSJ FL 32456
Sec.	Bobbie Johnson	251 Madison Street	PSJ FL 32456
Treas.	Ralph Roberson	214 Seventh St.	PSJ FL 32456
Dir	Shelia Mahikov	603 Nautilus Dr.	PSJ FL 32456
Dir	Ruth Pettis	1015 Marvin Ave.	PSJ FL 32456

10. E-mail Address: **Cheryl@rapa-cpas.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 § 817.155, F.S.

SIGNATURE:

Ralph C. Roberson

Tr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-11 850-227-3832

Date

Daytime Phone #