

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

97 NOV 24 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12033

1. Corporation Name

WINTER HAVEN SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

395 AVENUE C, N.W.
WINTER HAVEN FL 33881

P.O. BOX 104
WINTER HAVEN FL 33882



REINSTATEMENT 97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/13/1985	
City & State		City & State		5. FEI Number	
Zip		Country		59-2525005	
				Applied For	
				Not Applicable	
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
P	MAXWELL, JOHN	602 Horseshoe Ct. N	WINTER HAVEN, FL 33881
D	PEARCE, JAMES C.	1215 FAIRLANE COURT, NW	WINTER HAVEN FL 33881
			WINTER HAVEN FL 33881 11/25/97-00041-005 ****236.25 ****236.25
D	Harrison, Paul	1305 Ariana Woods Cr.	Auburndale FL 33823
D	FRAZIER, BURREL	740 SANTA MARIA DRIVE	WINTER HAVEN FL 33884

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, ALLAN L. 395 AVENUE C, N.W. WINTER HAVEN FL 33881	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code

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: *Allan L. Casey* Date: 11-6-97
REGISTRED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. *na* 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: *Burrel Frazier* *Burrel Frazier (Treas)* 11-6-97 941-298-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)