PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FL[illegible]PARTMENT OF STATE
[illegible]ns
[illegible]creation of State
[illegible]ON OF CORPORATIONS

~~94-99AR~~

FILED
99 MAY 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12162

1. Corporation Name
Friends of the Library of the Northwest Branch of the St. Johns County Library, Florida, Inc.

Principal Place of Business
60 Davis Pond Blvd
Fruit Cove, FL 32259

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
11/18/85

5. FEI Number
59-2810354
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

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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	Lou Ann Williams	1096 Oak Vale Rd	Switzerland, FL 32259
S	Lynnette Taylor	1423 Marlee Rd	Switzerland, FL 32259
T	Donna Braasch	1657 St. Rd 13 North	Switzerland, FL 32259
D	Nancy Tanzler	1047 Anchor Rd	Switzerland, FL 32259
D	Miller Porterfield	830 Fruit Cove Rd	Fruit Cove, FL 32259
D	Mary Mittelstadt	1699 Bishop Estates Rd	Fruit Cove, FL 32259

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Lynnette Taylor
Street Address (P.O. Box Number is Not Acceptable): 1423 Marlee Rd
Suite, Apt. #, Etc.: 4
City: Switzerland
State: FL
Zip Code: 32259

CR2E061 (12/98)

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: Lynnette Taylor
REGISTERED AGENT MUST SIGN
Date: 5/18/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 the facts stated in 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.

5/18/99

SIGNATURE: [signature] Braasch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99
Date

(904) 2875912
Daytime Phone #