

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 3:28

DOCUMENT # N12162

1. Corporation Name

FRIENDS OF THE LIBRARY OF THE NORTHWEST
BRANCH OF THE ST. JOHNS COUNTY LIBRARY
FLORIDA, INC.

600161356616
10/05/09--01071--017 **490.00

KS

REINSTATEMENT 02-09

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

60 Davis Pond Blvd

3. Mailing Office Address

60 Davis Pond Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fruit Cove, FL

City & State

Fruit Cove FL

Zip

32259

Country

St. Johns

Zip

32259

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida 11/18/1985

5. FEI Number
592810354

☐ 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

Dan Markus

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

60 Davis Pond Blvd

Suite, Apt. #, Etc.

City

Fruit Cove, FL

State
FL

Zip Code
32259

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dan Markus

REGISTERED AGENT MUST SIGN

Date *SEPT 29, '09*

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/D	Louann Williams	1096 Oak Vale Lane	Fruit Cove, FL 32259
V/D	Karen Roberts	4462 Carriage Crossing Drive	Jacksonville, FL 32258
T/D	B. Young McQueen	450-106 SR 13N	Fruit Cove, FL 32259
D	Nancy Tanzler	1047 Anchor Road	Switzerland, FL 32259
S/D	Louise Stanwich	60 Davis Pond Blvd	Fruit Cove, FL 32259

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Young McQueen
B. Young McQueen

Date

9/30/09

904.287.0700

Daytime Phone #