

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N15747*

1. Corporation Name

*League of Women Voters of North
Pinellas County, Inc.*

Florida Non Profit

2. Principal Office Address

PO Box 6833

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 6833

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33758

Country

Pinellas

Zip

33758

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

7/08/1986

5. FEI Number

592875134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Dianne Wheatley Giliotti

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

2842 Country Woods Lane

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

500043620135

*12/27/04--01028--001 **420.00*

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

Dianne Wheatley Giliotti

Date *27 November 2004*

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
<i>President</i> <i>(P)</i>	<i>Dianne Wheatley Giliotti</i>	<i>2842 Country Woods Lane</i>	<i>Palm Harbor FL 34683</i>
<i>1st Vice Pres.</i> <i>(VP)</i>	<i>Gertrude Azara</i>	<i>2035 Arbor Lane</i>	<i>Clearwater FL 33763</i>
<i>2nd Vice Pres.</i> <i>(VP)</i>	<i>Rita G. Garvey</i>	<i>1550 Ridgewood St.</i>	<i>Clearwater FL 33755</i>
<i>Sec.</i> <i>(S)</i>	<i>Verena L. Schillmoller</i>	<i>1660 Gulf Blvd., #1601</i>	<i>Clearwater FL 33767</i>
<i>Treas.</i> <i>(T)</i>	<i>Patricia P. Budlong</i>	<i>545 Sandy Hook Rd.</i>	<i>Palm Harbor FL 34683</i>
			<i>Prnter</i>

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 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:

Dianne Wheatley Giliotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

28 Nov 2004

Daytime Phone #

727 734-2968

CR2E081 (01/04)