

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:26

SECRETARY OF STATE

400008564984

10/24/02--01037--008 **150.00



DOCUMENT # N16055

1. Corporation Name

SHOPPING CENTERS POLITICAL ACTION COMMITTEE, INC

Principal Place of Business

311 E PARK AVENUE
TALLAHASSEE FL 32301-7736

Mailing Address

311 E PARK AVENUE
TALLAHASSEE FL 32301-7736

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

07/25/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2781238

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	LECKY, JAMES	311 E. PARK AVENUE	TALLAHASSEE FL 32301
T	MYERS, JULIE	311 EAST PARK AVE.	TALLAHASSEE FL
PD	RIVERA OSCAR	311 E. PARK AVENUE	TALLAHASSEE FL 32301
VD	BALSI, PATRICIA BLASI	311 EPARK AVE	TALLAHASSEE FL 32301
SEC	KESSEL, GREGORY	311 E. PARK AVENUE	TALLAHASSEE FL 32301
VD	MURPHY, SUE	311 E. PARK AVENUE	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

JULIE S. MYERS

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

311 E. PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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. or 617.0505, F.S.

Signature of
Registered Agent

Julie S. Myers
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-21-02

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., 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:

Julie S. Myers
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE S. MYERS 10-21-02

Date

Daytime Phone #

850 224 5081

CR2E040 (802)




October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

To Whom it May Concern:

This letter is notification that the Florida Shopping Center PAC did not receive the two prior Uniform Business Report notices. Therefore, we are filing the reinstatement application along with the \$150.00 filing fee. If you have any questions, please feel free to call me. Thank you.

Sincerely,


Julie S. Myers