

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N17198

1. Corporation Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU,  
INC.

Principal Place of Business

C/O NANCY SAUNDERS  
106 E JEFFERSON STREET  
TALLAHASSEE FL 32301  
US

Mailing Address

C/O NANCY SAUNDERS  
106 E JEFFERSON STREET  
TALLAHASSEE FL 32301  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1986

5. FEI Number

59-2788437

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PROCTOR, JOHN DENNIS MORGAN	234 E 7TH AVENUE 101 S. ADAMS	TALLAHASSEE FL 32303
P	WRIGHT, CHARLES MIKE BRISTOL	106 E. JEFFERSON ST.	TALLAHASSEE FL 32301
D	SMITH, BERNIE RUSSELL DAVIS	922 SCOTTY'S LN 3945 MUSEUM DR.	TALLAHASSEE FL 32303
C/D	DENSON, JOHN	195 SUGARPLUM DR	TALLAHASSEE FL 32312
d/D	ALLEN, PACE	2121 W. TENNESSEE ST	TALLAHASSEE FL 32304
D	AUSTIN, KEN PAT GROSVENOR	3300 CAPITAL CIRCLE SW 415 N. MONROE ST.	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

SAUNDERS, NANCY  
106 E. JEFFERSON ST.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-30-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-02

CR2E040 (8/02)