

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

Jun 28 1999 8:00 am
Secretary of State

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NI0150

1. Corporation Name

Kwanos Club of Wilderood,
Florida, Inc.

Principal Place of Business

Mailing Address

P.O. Box 40
Wilderood, FL 34785

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/9/86

5. FEI Number

Applied For

Not Applicable

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)

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
<u>Pres.</u>	<u>RUTH ROCKCASTLE</u>	<u>600 E. Dupree, Leeland, FL 34484</u>	<u>OXFORD, FL 34484</u>
<u>V. Pres.</u>	<u>TANGIE STATON</u>	<u>300 Main, Wilderood, FL 34785</u>	<u>WILDEROOD, FL 34785</u>
<u>Sec.</u>	<u>SUZANNE HYND</u>	<u>11423 Heritage Way, Largo, FL 33778</u>	<u>Largo, FL 33778</u>
<u>Treas.</u>	<u>ALEX C. GILVIE</u>	<u>406 S. Main, Wilderood, FL 34785</u>	<u>Wilderood, FL 34785</u>
		<u>1124 S.E. 180th St</u>	<u>Wilderood, FL 32195</u>

LS

8. Name and Address of Current Registered Agent

Tangie Staton
P.O. Box 40
Wilderood, FL 34785

9. Name and Address of New Registered Agent

DIANE COUILLARD
609 N. OLD WIRE RD.
Wilderood, FL 34785

City WILDEROOD

State FL

Zip Code 34785

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-9-99

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex W. Gilvie III

Date

Daytime Phone #

6-9-99

352 748-0133

CR2E01 (12/98)