

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # *N21033*

1. Corporation Name

WEST NASSAU HISTORICAL SOCIETY INC

2. Principal Office Address

113 W DIXIE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1758

Suite, Apt. #, etc.

City & State

CALLAHAN FL

City & State

CALLAHAN

Zip

Country

NASSAU

Zip

Country

32011 NASSAU

4. Date Incorporated or Qualified
To Do Business in Florida

6/08/87

5. FEI Number

59-2716279

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

BOBBI BOONE

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

2390 KINGS RD SOUTH

Suite, Apt. #, Etc.

City

CALLAHAN

State

FL

Zip Code

32011

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

Bobbi Boone

Date

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>P.D.</i>	<i>BOBBI BOONE</i>	<i>2390 KINGS R SOUTH</i>	<i>CALLAHAN FL 32011</i>
<i>V.P.</i>	<i>JACK SIKES</i>	<i>5460 ROBINWOOD CR</i>	<i>CALLAHAN FL 32011</i>
<i>S</i>	<i>JANET JOHNSON</i>	<i>2035 BOOTH ST</i>	<i>CALLAHAN FL 32011</i>
<i>T.D.</i>	<i>SUE MARSH</i>	<i>5476 DIXIE ST</i>	<i>CALLAHAN FL 32011</i>
<i>D</i>	<i>CRAIG MARSH</i>	<i>5476 DIXIE ST</i>	<i>CALLAHAN FL 32011</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:

Bobbi Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02

Date

904-879-4529

Daytime Phone #

CR2E081 (9/01)