PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

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

FILED
03 JAN -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21459

1. Corporation Name

Woman's Club of Zephyrhills

REINSTATEMENT 02
200009383632
#61.25

200009383632
01/07/03--01069--017 **175.00

2. Principal Office Address		**3.** Mailing Office Address	
38540 Fifth Ave		P.O. Box 735	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Zephyrhills, Fl		City & State: Zephyrhills Fl	
Zip: 33539	Country: PASCO	Zip: ##%#(	Country: Pasco

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-6562281 ☐ 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: Maggie Mishic

Street Address (P.O. Box Number is Not Acceptable): 38405-5 Evergreen Village Dr

200009383632
12/06/02--01008--001 **61.25

Suite, Apt. #, Etc.:

City: Zephyrhills, State: FL Zip Code: 33542-7556

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: Maggie Mishic Date:
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Joan Gray	5323 Hill Dr	Zephyrhills Fl 33541
VD	Helen Rath	4850 Huron St	Zephyrhills Fl 33541
VD	Esther Futter	4914 Shaw Dr	Zephyrhills Fl 33541
SVD	Luella Fusee	6412 Jessup Dr	Zephyrhills Fl 33540
CSD	Beatrice DiVitale	38408 Cottonwood Pl	Zephyrhills Fl 33542
TD	Maggie Mishic	38405-5 Evergreen Village Dr	Zephyrhills Fl 33542

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: Maggie Mishic Maggie Mishic Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR