

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23713**

1. Corporation Name

THE COTILLION CLUB OF VENICE, INC.

Principal Place of Business

Mailing Address

LYNN MOSELEY
608 VALENCIA
VENICE FL 34285
US

C/O BOBBIE CLINCH Cotillion Club
P.O. BOX 1722
VENICE FL 34285-34284
US

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

12/03/1987

5. FEI Number

65-0032244

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| TD | CLINCH, BOBBIE <i>Clementfield, Rosie</i> | 592 FLAMINGO DRIVE <i>420 Valencia</i> | VENICE FL 34285 |
| SD | STOTTLEMYER, LOURIE MRS <i>Waldron, Debbie</i> | 3300 MEADOW RUN CIRCLE <i>130 Bayview Drive</i> | VENICE FL 34293 <i>34292</i> |
| PD | MOSELEY, LYNN | 608 VALENCIA | VENICE FL 34285 |
| VD | DEAN, KATHY <i>Taylor Tiffany</i> | 20 GULF MANOR DRIVE <i>421 Hunt Ridge Dr</i> | VENICE FL 34285 <i>34292</i> |
| | | | 400027008684 01/15/04--01015--022 **122.50 |
| | | | |

8. Name and Address of Current Registered Agent

CLINCH, BOBBIE O
592 FLAMINGO DRIVE
VENICE FL 34285

9. Name and Address of New Registered Agent

Name

Lynn Moseley

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

608 Valencia Road

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34285

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

Lynn Moseley
REGISTERED AGENT MUST SIGN

Date

1-12-04

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:

Lynn Moseley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/04

Daytime Phone #

FILED

04 JAN 15 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)

1/14/04

We would like to
request a waiver of
the reinstatement fee.

For some unknown
reasons we never received
the original application.

We are a non profit &
the extra cost is a
great burden for us.

Thank you. Lyn Moseley
President