

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32941

1. Corporation Name

THE ELKS' LADIES, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address
PO Box 536

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Edgewater, FL

Zip

Country

Zip

32132

Country

USA

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2989525

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
Nancy Meddis

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

Suite, Apt. #, Etc.

City
New Smyrna Beach

State
FL

Zip Code
32169

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Nancy Meddis
REGISTERED AGENT MUST SIGN

Date **5/28/07**

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
Pres	Sally Braden	1005 Regent Street	Edgewater, FL 32132
RSD	Kay Talbott	3729 Watermelon Lane	New Smyrna Bch, FL 32168
Tres	Nancy Meddis	380 Granada Street	New Smyrna Bch, FL 32169

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06/12/07 01014 020 **122.50

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 contained in Chapter 119, 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:

Nancy Meddis (NANCY MEDDIS)

5/28/07 (386) 428-7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #