

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 SEP 30 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33565

1. Corporation Name

Putnam County Genealogical Society, Inc

W11000049835

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

601 College Road

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip

32177

Country

USA

3. Mailing Office Address

P O Box 2354

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip

32178-2354

Country

Usa

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3 Aug 1989

5. FEI Number

59-2978161

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

Sandra H Odom

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

1311 Highway 19 South

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

800212161088

09/15/11--01035--005--**236.25

800212161088

09/23/11--01018--002--**61.25

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

Sandra H Odom

REGISTERED AGENT MUST SIGN

Date 14 July 2011

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
P	John Taylor	120 Lakeside Boulevard	Pomona Park, FL 32181
VP	Myra Beck	18850 N E 248th Court	Salt Springs, FL 32134
T	Deanda Lyne	125 Paso Fino Trail	Palatka, FL 32177
S	Sharon Varnes	100 Nancy Place	Palatka, FL 32177
D	Mary Murphy	P O Box 1	Palatka, FL 32178-0001
D	LaSandra Williams	1424 Oceans Street	Palatka, FL 32177

10. E-mail Address: dlyne@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Deanda Lyne DEANDA LYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 July 2011 386-546-1333

Date

Daytime Phone #