

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N36730

1. Corporation Name

THE WILLIS BODINE CHORALE, INC.

Principal Place of Business

Mailing Address

3838 S.W. 4TH PLACE  
GAINESVILLE FL 32607

P.O. BOX 90073  
GAINESVILLE FL 32607

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

32635

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1990

5. FEI Number

59-2912026

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>P/D</del>	<del>MILLER, GARY Thomson, Grace</del>	<del>3732 NW 20th Place 2601 NW 16TH AVE</del>	<del>GAINESVILLE FL 32605</del>
<del>T/D</del>	<del>HENDERSON, RITA Craddock, Patricia</del>	<del>1200 NW 52nd Terrace 2020 NW 66TH TERR.</del>	<del>GAINESVILLE FL 32605</del>
<del>V/D</del>	<del>THOMSON, GRACE Rice, Margaret</del>	<del>1362 SE CR 21-B 3732 NW 20TH PLACE</del>	<del>Melrose, FL 32666 GAINESVILLE FL 32605</del>
<del>S/D</del>	<del>HARTLEY, LAWRENCE Ellison, Gail</del>	<del>2135 NW 3rd Place 6725 NW 36TH DR.</del>	<del>GAINESVILLE FL 32603</del>
CS	SCHILLING, JULIE Kandel, Carl	8620 NW 13th St. #205 2020 SW 79TH DR.	32653 GAINESVILLE FL 32607

8. Name and Address of Current Registered Agent

HARTLEY, LAWRENCE C  
6725 NW 36TH DR  
GAINESVILLE FL 32653

9. Name and Address of New Registered Agent

Name Rita P. Henderson  
Street Address (P.O. Box Number is Not Acceptable)  
2628 NW 66th Terrace  
Suite, Apt. #, Etc.  
City Gainesville  
State FL Zip Code 32606

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

7/25/00

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.

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\*\*\*306.25 \*\*\*306.25

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 July 2000

Date

Daytime Phone #

352.377.8230

CR2E040 (8/99)