

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV -3 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N38354

1. Corporation Name

GRAY GABLES - BON AIR CIVIC CLUB

2. Principal Office Address

3710 W ROLAND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

3710 W ROLAND ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

Zip

33609

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

052990

5. FEI Number

59-2937642

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

~~DICK WHEELER~~ RICHARD D. WHEELER

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

3610 W. ROLAND ST.

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code  
33609

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

*Richard D. Wheeler*

Date

10-20-05

REGISTERED AGENT MUST SIGN

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	DICK WHEELER	3610 W. ROLAND ST.	TAMPA, FL 33609
V/D	MARY JO HATHAWAY	3705 W. PLATT ST.	TAMPA, FL 33609
T/D	PAULINE S. FARLEY	3710 W ROLAND ST.	TAMPA, FL 33609
S/D	BETTY KELLY	3708 W. PLATT ST.	TAMPA, FL 33609

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:

*Pauline S. Farley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-20-05

Date

813-875-5380

Daytime Phone #

*PAULINE S. FARLEY*