

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40146**

1. Corporation Name

CAPITAL CITY OPTIMIST CLUB OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

1840 MERIADOC COURT
TALLAHASSEE FL 32303

1840 MERIADOC COURT
TALLAHASSEE FL 32303



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3317 Remington Run
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3317 Remington Run
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1990

5. FEI Number

59-3025065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Tallahassee, FLORIDA
Zip
32312 Country
USA

City & State
Tallahassee, FLORIDA
Zip
32312 Country
USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
ST	HOCKING, LORI A	1840 MERIADOC COURT	TALLAHASSEE FL
D	WATSON, TEDDI M	3667 DEXTER DRIVE	TALLAHASSEE FL 32308
D	TASSINARI, PATRICIA	1247 BRECKENRIDGE RUN	TALLAHASSEE FL 32311
D	MUELLER, BRENDA	3088 HUNTINGTON WOODS BLVD	TALLAHASSEE FL 32303
D	BARBER, GLORIA	1665 HILL-N-DALE SOUTH	TALLAHASSEE FL 32311
P	SUTHERLAND, CHERI	8297 OLD ST. AUGUSTINE RD.	TALLAHASSEE FL 32311

8. Name and Address of Current Registered Agent

HOCKING, LORI A
1840 MERIADOC COURT
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name **SUSAN C. MASON**
Street Address (P.O. Box Number is Not Acceptable)
3317 Remington Run
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32312**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/25/00**

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00 **850-488-7200**
Date Daytime Phone #

Home: **850-297-1795**