

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N42115

1. Corporation Name

NEWTOWN LIBRARY ASSOCIATION, INC.

FILED

00 SEP -7 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2300 JANIE POE SR  
2720 TANGELO DR  
SARASOTA FL 34234

C/O STEVE WICKER  
6920 REX LANE  
SARASOTA FL 34243

US

US

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1991

5. FEI Number

65-0246663

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WICKER, STEPHEN	6920 REX LANE	SARASOTA FL 34243
SD	CYNTHIA HUGHES MILDRED ELAN S	2304 COCONUT AVE 4101 KIM RICHARD DR	SARASOTA FL 34232
DS	KRAAYMES, FRANCES Mary Louise Edmunds	2720 TANGELO DR 8427 Idlewood Ct.	SARASOTA FL Bradenton, Florida 34202
VD	MARSHALL, GERALDINE Fannie Eubanks	2304 COCONUT AVE 4414 Riverwood Ave.	SARASOTA FL Sarasota, FL 34231
D	BARBARA KEANE	4914 HIDDEN OAKD TRAIL	SARASOTA FL
D	Ann Chamberlin	6101 34th St. West	Bradenton, FL 34208

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WICKER, STEPHEN  
6920 REX LANE  
SARASOTA FL 34243

Name

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

Suite, Apt. #, Etc.

City

800003405048--6

09/26/00--01088--016

\*\*\*306.25 State \*\*\*306.25

FL

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 9-27-00

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

Date

6-28-00

Daytime Phone #

941-364-2738

KE

CR2E040 (8/99)