

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43460

1. Corporation Name

GUARDIAN AD LITEM GUILD OF MONROE COUNTY INCORPORATED

Principal Place of Business

Mailing Address

C/O CAROL PARKER  
328 E SEAVIEW DR  
DUCK KEY FL 33050  
US

C/O CAROL PARKER  
328 E SEAVIEW DR  
DUCK KEY FL 33050  
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

05/15/1991

5. FEI Number

65-0305892

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SD	<del>ADLER, JUDY</del> GOTZES, JANE	<del>358 E SEAVIEW DR</del> P.O. BOX 510138 NA	<del>DUCK KEY FL</del> KEY COLONY BCH. FL
D	LANG, CLAIRE	79901 OVERSEAS HIGHWAY	ISLAMORADA FL
D	<del>ROZEMA, PAT</del> TAYLOR, SHEILA	<del>P.O. BOX 1078</del> 1901 S. ROOSEVELT - APT. 406	<del>ISLAMORADA FL</del> KEY WEST, FL
PD	PARKER, CAROL	328 E SEAVIEW DR	DUCK KEY FL
VD	BACHER, CLAUDINE	54 TARPON LN-OCEAN REEF	KEY LARGO FL
TD	MONTGOMERY, SYLVIA	65 TINGLER LN	MARATHON FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, CAROL  
328 E. SEAVIEW DR  
DUCK KEY FL 33050

Name

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

000002701830--8

Suite, Apt. #, Etc.

-12/03/98-01067-008

City

\*\*\*236.25

\*\*\*236.25

State

Zip Code

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

*Carol Parker*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-17-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See bottom side for information on intangible tax.)

12. 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)(f), 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:

*Sylvia Montgomery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-743-5760

CR2E040 (8/93)