

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48782

1. Corporation Name

Dixie County Woman's Club Inc

REINSTATEMENT

600130260876

05/27/08--01005--022 **376.25

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

236 NE 134 St

Suite, Apt. #, etc.

City & State

Cross City, FL

Zip

32628

Country

Dixie

3. Mailing Office Address

P.O. Box 898

Suite, Apt. #, etc.

City & State

Cross City, FL

Zip

32628

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3104620

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

Angie Bush

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

212 SE 15 Ave

Suite, Apt. #, Etc.

City

Cross City

State

FL

Zip Code

32628

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Angie Bush

REGISTERED AGENT MUST SIGN

Date 5/20/2008

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
DP	Angie Bush	212 SE 15 Ave P.O. Box 244	Cross City, FL 32628
DVP	Melody Rollison	91 SW 12 St P.O. Box 426	Cross City, FL 32628
DST	Carol West	Hwy 19 P.O. Box 790	Cross City, FL 32628

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 contained in Chapter 119, 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:

Angie Bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/2008 352-498-3468

Date

Daytime Phone #