

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N48885**

1. Corporation Name

**THE GAINESVILLE CHAPTER OF THE AMERICAN SOCIETY
OF CLU & CHFC, INC.**

Principal Place of Business

Mailing Address

~~2700-A NW 43RD STREET~~ 11 NW 33 Court ~~2700-A NW 43RD STREET~~ 11 NW 33 Court
GAINESVILLE FL ~~32606~~ 32607 GAINESVILLE FL ~~32606~~ 32607

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1992

Suite, Apt. #, etc.

11 NW 33rd Court

Suite, Apt. #, etc.

11 NW 33rd Court

5. FEI Number

NOT APPLICABLE

Applied **SP**

Not Applicable

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip
32607

Country
USA

Zip
32607

Country
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	BELGRADE, JOE	11 NW 33CT	GAINESVILLE FL 32607
PD	SABBACK, CHARLOTTE	PO BOX 112 N/A/	CROSS CITY FL 32628
TD	OLINGER, WILLIAM D Petrich, John E.	2700-A NW 43RD ST. 11 NW 33rd Court	GAINESVILLE FL 32606 32607
D	FONTAINE, JANE B.	1111 NE 25TH AVE SUITE 402	OCALA FL
D	BONHOUE, JAMES M.	20 S MAIN STREET	GAINESVILLE FL
D	RECTOR, JOAN	1702 NE 2ND ST	OCALA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

John E. Petrich

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

11 NW 33rd Court

Suite, Apt. #, Etc.

100003532641--1

City

Gainesville

01/11/01 State 01042-004

***236 FL 3260736.25

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 December 27, 2000

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
John E. Petrich, Treasurer and Director

December 27, 2000

Date

(352) 377-2077

Daytime Phone #

CR2E040 (8/00)