

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 12:45

SECRETARY OF STATE  
 TALLAHASSEE, FL 32304

DOCUMENT # **N92000000083**

1. Corporation Name

**GFWC MILTON WOMAN'S CLUB, INC.**

Principal Place of Business

6863 OAK ST.  
 MILTON FL 32570

Mailing Address

~~6863 OAK ST.  
 MILTON FL 32570~~



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

11/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~3424 Nicholson Estates Rd~~

5. FEI Number

59-2428941

Applied For

City & State

City & State

~~Pace FL~~

Not Applicable

Zip

Country

Zip

Country

~~32571~~

~~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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP P	COLLIER, BARBARA Pat Lockhausen	1111 BERRY HILL RD.	MILTON FL 32570
DV	<del>MAPOLES, PAULA</del> PATTI LONG	7450 PRINTERS ALLEY 3424 Nicholson Estates Rd	MILTON FL Pace, FL 32571
DS	<del>BAXLEY, DELORES</del> Kitty Grafton	5963 HAPPY HOLLOW DR	MILTON FL
DT	<del>BERGSCHNEIDEN, SARA</del> PATTI LONG	16 HAPPY LN 3424 Nicholson Estates Rd	MILTON FL 32570 Pace, FL 32571
CV	Carol Rappa	5502 Rowell Rd	MILTON, FL 32583

12/19/02--01030--004 \*\*236.25  
 00009595805

8. Name and Address of Current Registered Agent

~~BAXLEY, DELORES~~  
 5963 HAPPY HOLLOW DR.  
 MILTON FL 32570

9. Name and Address of New Registered Agent

Name Patti Long  
 Street Address (P.O. Box Number is Not Acceptable)  
3424 Nicholson Estates Rd  
 Suite, Apt. #, Etc.

City Pace

State FL

Zip Code 32571

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. or 617.0505, F.S.

Signature of Registered Agent

*Patti Long*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

12-12-02

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:

*Patti Long*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-12-02 (850) 995 3225

CR2040 (6/02)