

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

98-01 UBR

FILED

01 AUG 24 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001671 (6)

1. Corporation Name

FIRST COAST ROMANCE WRITERS, INC.

100004573461--2
-09/06/01--01112--018
****253.75 ****253.75

2. Principal Office Address

4820 JOSEPH ST.
HAST

3. Mailing Office Address

4820 JOSEPH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HASTINGS, FL.

City & State

HASTINGS, FL

Zip

32145

Country

USA

Zip

32145

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1994

5. FEI Number

59-3225490

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

MARGUERITE E. SMITH 155.00-AR

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

4820 JOSEPH ST.

10.00-ARATS

Suite, Apt. #, Etc.

88.75-ARsupp

City

HASTINGS

State

FL

Zip Code

32145

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

Marguerite E. Smith
REGISTERED AGENT MUST SIGN

Date 8/20/01

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
D/P	HEATHER WATERS	3144 Rideout Lane	Middleburg, FL 32068
D/V	AMY STOKES	4892 SW 87 th CT.	Ocala, FL 34481
D/S	JUNE ULRICH	9415 SW 208 Circle	Dunnellon, FL 34431
D/T	DONNA HOELTZEL	1477 Cedar Grove Terrace	Fleming Island, FL 32003
D/M	JUDITH GILBERT	19622 SW 88 th Loop	Dunnellon, FL 34432

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 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.

DONNA HOELTZEL

SIGNATURE:

Donna Hoeltzel

DIRECTOR
TREASURER

08/13/2001

904-296-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)

2012

[illegible]