

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004198

1. Corporation Name

F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

~~ONE SPRING ROAD~~
WAKULLA SPRINGS FL 32305

~~ONE SPRING ROAD~~
WAKULLA SPRINGS FL 32305

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.
460 Wakulla Park Dr.
City & State

Suite, Apt. #, etc.
460 Wakulla Park Dr.
City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 15/98-01003-008

5. FEI Number

59-3305640

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD SO	HARDEE, ELLISON Oswald, Janis	ROUTE 3, BOX 13-F 8153 Old Spanish Trail	CHIEFLND FL 32626 Sneads FL 32460
VD D	APTHORP, GEORGE	ONE SPRING ROAD 460 Wakulla Park Drive	WAKULLA SPRINGS FL 32305
SD TD	DAVIS, BEVERLY Cook, SANDRA	STATE ROAD 136 & 31ST ROAD, DRAW 460 Wakulla Park Drive	WHITE SPRINGS FL 32096 Wakulla Springs FL 32305
JD FD	BURCH, JAMES	7961 CHRISTY GARY LANE 61 ROZENA Loop	TALLAHASSEE FL 32304 Havana, FL 32333
D	WERNDL, PHILIP	1616 HEDGEFIELD COURT 3272 Rue De LaFitte	TALLAHASSEE FL 32312
VO	Carter, Doug	5423 Shore Drive	St Augustine, FL 32086

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

APTHORP, GEORGE
460 WAKULLA PARK DRIVE
WAKULLA SPRINGS FL 32305

Name

Street Address (P.O. Box numbers not allowed)

Suite, Apt. #, Etc.

City

State

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11-23-98

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

Yes ☐ No ☒

(See other 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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 (850) 224-5950
Date Daytime Phone #

CR2E040 (0198)