

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 -3 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000516

1. Corporation Name

THE LITERARY SOCIETY, INC.

Principal Place of Business

% NORTH TRUST BANK
8060 COLLEGE PARKWAY
FT. MYERS FL 33919

Mailing Address

% NORTH TRUST BANK
8060 COLLEGE PARKWAY
FT. MYERS FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1996

5. FEI Number

65-0653579

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	ROBINSON, DAVID	8060 COLLEGE PARKWAY	FT. MYERS FL
D	BORDEN, PATTY	3880 W. RIVERSIDE DRIVE	FT. MYERS FL 33901
D	SIEGEL, BARBARA	8060 COLLEGE PKWY	FT. MYERS FL
D	ROBINSON, CAROL	8060 College Pkwy	Ft Myers, FL 33919
			100009441071 12/10/02--01079--019 **236.25

8. Name and Address of Current Registered Agent

ROBINSON, DAVID
8060 COLLEGE PARKWAY
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CH2EQ40 (8/02)

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

Signature of David Robinson
REGISTERED AGENT MUST SIGN

Date

11-22-02

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:

Signature of David Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-26-02 239-489-0100