

PLEASE READ ALL INSTRUCTIONS

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000516

1. Corporation Name

The Literary Society, Inc.

2. Principal Office Address - No P.O. Box #

7960 Summerlin Lakes Dr. SAME

Suite, Apt. #, etc.

% Northern Trust Bank

City & State

Ft. Myers, FL

Zip

33907

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Traci Fraser

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

7960 Summerlin Lakes Dr.

Suite, Apt. #, Etc.

% Northern Trust Bank

City

Fort Myers

State

FL

Zip Code

33907

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

*Traci D. Fraser*

REGISTERED AGENT MUST SIGN

Date 4/30/2010

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
C,D	Patricia Borden	7960 Summerlin Lks. Dr.	Fort Myers, FL 33907
D	Garrett Reasoner	7960 Summerlin Lks. Dr.	Fort Myers, FL 33907
D	Janice McNeal	7960 Summerlin Lks. Dr.	Fort Myers, FL 33907
D	Barbara Siegel	7960 Summerlin Lks. Dr.	Fort Myers, FL 33907
D	Carol Robinson	7960 Summerlin Lks. Dr.	Fort Myers, FL 33907

10. E-mail Address: tdf1@ntrs.com

(To be used for future annual report notification)

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. I further certify, 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:

*Carol S. Robinson*

Carol S. Robinson 4/30/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239/489-0100

Daytime Phone #

239/489-0100

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

4. Date incorporated or Qualified  
To Do Business in Florida

1/30/1996

5. FEI Number

65-0653579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.