

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001998

1. Corporation Name

CAPE ST. GEORGE LIGHTHOUSE SOCIETY, INC.

Principal Place of Business

82 MARKET ST
APALACHICOLA FL 32320
US

Mailing Address

~~82 MARKET STREET~~
APALACHICOLA FL 32320
US

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

04/15/1996

SP

5. FEI Number

31-1467426

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LEE, JOHN F	157 BAY AVE.	APALACHICOLA FL
SD	VEST, PATRICIA	1499 GULF BEACH DR.	ST. GEORGE ISLAND FL 32328
TD	NASH, BRIAN E	430 BROWNSVILLE RD.	APALACHICOLA FL 32320
D	EDWARDS, EDITH	2 TWELFTH ST.	APALACHICOLA FL 32320
D	MAZET, JEAN	38 BRIAR CIRCLE	GREEN BROOK NJ 08812
D	MILEY, WOODWARD W	261 SEVENTH ST.	APALACHICOLA FL 32320

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUCKER, J. KENDRICK
106 E. COLLEGE AVE.
SUITE 900
TALLAHASSEE FL 32301

200003019192--6
-10/20/99--01029--006
****245.00 ****245.00

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

John F. Lee
REGISTERED AGENT MUST SIGN

Date

10-18-1999

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:

John F. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

15 OCT 99

Daytime Phone #

900-653-8868



REINSTATEMENT

99

AND
FILED

99 OCT 18 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E94C (6/99)