

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

P.O. BOX 915  
APALACHICOLA FL 32320-0915  
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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003458992--6

-11/13/00--01003--007

\*\*\*\*236.25 \*\*\*\*236.25

State Zip Code

FL

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

10-24-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. LEE

Date

10-24-00

Daytime Phone #

850  
653-8868



REINSTATEMENT

00

FILED  
00 OCT 25 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)