

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 96000003489

1. Corporation Name

Florida Capital Chapter Association of
Legal Administrators, Inc.

REINSTATEMENT 00-83

600023667266
10/09/03--01043--013 **420.00

2. Principal Office Address

P.O. Box 589

3. Mailing Office Address

PO Box 589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

Zip

Country

32302

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/1/96

5. FEI Number

593157693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMIE A. GOSSETT

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

1004 DeSoto Park Drive

Suite, Apt. #, Etc.

City

Tallahassee FL 32301

State
FL

Zip Code

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

Jamie A. Gossett
REGISTERED AGENT MUST SIGN

Date 10/8/03

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
P	JAMIE A. GOSSETT	1004 DeSoto Park Drive	Tallahassee, FL 32302
VP	Gloria J. Rollins	201 S. Monroe St.	Tallahassee, FL 32301
VP	Leslie Goldsmith	215 S. Monroe St.	Tallahassee, FL 32301
S	Albert Dasher	1963 Village Green Way	Tallahassee FL 32309
T	Juli Burch	106 E College Ave	Tallahassee FL 32301

10. 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:

Jamie A. Gossett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

850-878-3700

Daytime Phone #

CR2E081 (10/02)

7/10/10