


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # N96000004759

1. Corporation Name

THE DOWNTOWN LAKE WORTH MERCHANTS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

617 LAKE AVENUE
LAKE WORTH FL 33460

617 LAKE AVENUE P.O. Box 822
LAKE WORTH FL 33460

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P.O. Box 822
Suite, Apt. #, etc.

P.O. Box 822
Suite, Apt. #, etc.

City & State

City & State

Lake Worth FL
Zip 33460 Country USA

Lake Worth FL
Zip 33460 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1996

5. FEI Number

65-0689649

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FOSTER, GARRETT A. Schelling, M.	617 LAKE AVENUE 10 S. J ST.	LAKE WORTH FL 33460
VPD	KNIGHT, KAREN Wolfe, Roland	9 NORTH J STREET 25 S. J ST.	LAKE WORTH FL 33460
TD	LANTONIO, NANCY CLORE, C.	800 LAKE AVENUE 409 Lake Ave.	LAKE NORTH FL 33460
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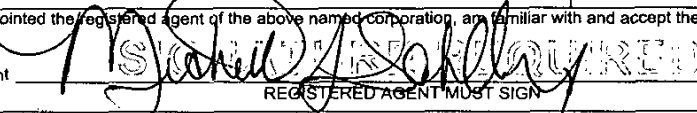
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOSTER, GARRETT A. Schelling, Michael 617 LAKE AVENUE LAKE WORTH FL 33460	Name Michael Schelling Street Address (P.O. Box Number is Not Acceptable) 10 South J St. Suite, Apt. #, Etc. City Lake Worth State FL Zip Code 33460
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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


REGISTERED AGENT MUST SIGN

Date 11/16/00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/00

Date Daytime Phone #

KE