

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000005756

1. Corporation Name

POLK COMPUTER LITERACY ASSOCIATION, INC.

Principal Place of Business

1100 LOWRY AVENUE #44
LAKELAND FL 33801

Mailing Address

1100 LOWRY AVENUE #44
LAKELAND FL 33801

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

PO BOX 3037

Lakeland FL

33802

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/10/1997

5. FEI Number

59-3473348

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Darrell Noonan	2123 Mershon St	Lakeland, FL, 33815
V/D	Bradley Crocks	1837 Creekwood Run	Lakeland, FL, 33809
T/D	Jeanne Duprey	1364 Siriron Dr.	Lakeland, FL 33801
S/D	Rebecca Donadio	102 Landingway Apt. 3E	Winter Haven, FL 33880
D	Debra Downes	1430 Morganwood Dr	Lakeland, FL, 33801
D	Michael Stillwell	1100 Lowry Ave #44	Lakeland, FL, 33801

8. Name and Address of Current Registered Agent

STILLWELL, MICHAEL R
1100 LOWRY AVENUE
SUITE 44
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-14-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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

Date

Daytime Phone #

11-14-98

(941) 644-1120

CR2E040 (9/98)