

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

99 FEB 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006594

1. Corporation Name

THE GREATER WEST VOLUSIA CHAMBER OF COMMERCE INCORPORATED

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

Same as mailing address

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1200 Deltona Blvd.

Suite, Apt. #, etc.

Suite #10

City & State

Deltona, FL

Zip

32725-6364

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/24/1997

5. FEI Number

59-3515883

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 (Do NOT Use Post Office Box Numbers)	City & State & Zip
1	2	3	4
P	MICHAEL K. LONK	138 S. Highway 17-92	DeBary, FL 32713
V	KATI HUGHES	377 Ruth Jennings Dr.	DeBary, FL 32713
T	GARY S. WRIGHT	301 N. Volusia Ave.	Orange City, FL 32763
S	KRISTINE SMITH	111 S. Alabama	DeLand, FL 32721
D	RICH GUNTER	155 S. Highway 17-92	DeBary, FL 32713

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT

9-8-99
13.2/23/99

Name

LINDA S. WHITE

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

1200 Deltona Blvd.

Suite, Apt. #, Etc.

Suite #10

City

Deltona

State

FL

Zip Code

32725-6364

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

Linda S. White

REGISTERED AGENT MUST SIGN

Date **2-17-99**

11. This corporation owes 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

MICHAEL K. LONK

2-17-99
Date

407/668-7778

Daytime Phone #

CR2E081 (12/98)