

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

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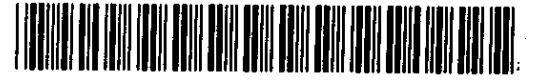
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000007024**

1. Corporation Name

THE GENEVIEVE LYKES DIMMITT FOUNDATION, INC.

2002 LBR



Principal Place of Business

25485 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763

Mailing Address

25485 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763

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

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3485977

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	DIMMITT, GENEVIEVE L	25485 U.S. HIGHWAY 19 NORTH	CLEARWATER FL 33763
D	DIMMITT, MALLORY L	25485 U.S. HIGHWAY 19 NORTH	CLEARWATER FL 33763
D	DIMMITT, LAWRENCE H III	25485 U.S. HIGHWAY 19 NORTH	CLEARWATER FL 33763
D	DIMMITT, ELIZABETH L	25485 US HIGHWAY 19 NORTH	CLEARWATER FL 33763
			600008938206 11/12/02--01091--005 **61.25

8. Name and Address of Current Registered Agent

DIMMITT, GENEVIEVE L
25485 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Genevieve L Dimmitt
REGISTERED AGENT MUST SIGN

Date

Nov 5 2002

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:

Genevieve L Dimmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 5 2002

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October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Genevieve Lykes Dimmitt Foundation, Inc.

Gentlemen:

Pursuant to your instructions to the attached Application for Reinstatement, we are enclosing a check in the amount of \$61.25 representing payment for the 2002 Annual Report Fee.

To the best of my knowledge, this Foundation did not receive either of the prior UBR notices referred to in the instructions. Therefore, we have not enclosed payment of the applicable Reinstatement Fee.

Yours truly,



Genevieve L. Dimmitt; Director
Genevieve Lykes Dimmitt Foundation, Inc.