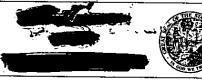
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



# FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS



### N97000007024

1. Corporation Name

#### THE GENEVIEVE LYKES DIMMITT FOUNDATION, INC.

Principal Place of Business

Mailing Address

25485 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33763 25485 U.S. HIGHWAY 19 NORTH CLEARWATER FL 33763





FILED

02 NOV 12 PH 4: 55

SECRETARY OF STATE TALLAHASSEE, FLORES



If above	addresses are incorrect in any way, line	hrough incorrect	information an	d enter correction below.						
New Principal Office Address, If Applicable     Suite, Apt. #, etc.  City & State		New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     12/17/1997					
		City & State			5. FEI Numbe	59-3485977			Applied For Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	□ S8.	75 Additio	nal Fee requir cate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at lea	ast 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip					
Đ	DIMMITT, GENEVIEVE L		25485 U.S	S. HIGHWAY 19 NORTH						
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					
					60 11/12/	000893 02010910	== 05	D6 **61.2	5	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
DIMM	TT, GENEVIEVE L			Name						
25485 U.S. HIGHWAY 19 NORTH			Street Address (P.O. Box Number is			Not Acceptable)				
CLEA	RWATER FL 33763			Suite, Apt. #, Etc.						
	14			City	·		State	Zip Code	+	
IO. I, being	appointed the registered agent of the abo	ove named corpo	ration, am fam	iliar with and accept the ob	ligations of Section	on 607.0505, F.S. or 6	17.0505	, F.S.		

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 of Registered Ager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 5 200

Daytime Phone

B



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.

Poimmit

Yours truly,

Genevieve L. Dimmitt, Director

Genevieve Lykes Dimmitt Foundation, Inc.