

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000130

1. Corporation Name

FRIENDS OF THE FREEPORT LIBRARY, INC.

Principal Place of Business

129 MAIN STREET
FREEPORT FL 32439

Mailing Address

PO BOX 398
FREEPORT FL 32439

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1998

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	UNGEMACH, TAMMY Metzgar, Tom	177 CREEKSIDE DRIVE 160 Eckie Ave	FREEPORT FL 32439
S	BOUDREAUX, TRUDY	202 WATERVIEW COVE	FREEPORT FL 32439
VPD	MORGAN, CHERYL	127 SPRING ST	FREEPORT FL 32439
T	STINSON, EMMA- Ungemach, Tammy	136 ISLAND WAY 177 Creekside Drive	FREEPORT FL 32439
D	HENCINSKI, MARY D.M.D.	PO BOX 340/131 HWY 20 W.	FREEPORT FL 32439
9000009202579 11/29/02--01063--005 **70.00			

8. Name and Address of Current Registered Agent

ELLER, EDITH
129 MAIN STREET
FREEPORT FL 32439

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

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

Ed Eller REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-20-02

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:

Ed Eller REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/02

Daytime Phone #

CR2E040 (8/02)

FROM: Friends of the Freeport Library, Inc.
P.O. Box 398
Freeport, FL 32439

19 Nov 2002

TO: Department of State/Divisions of Corporations

SUBJECT: Reinstatement Fee Waiver Request

The Friends of the Freeport Library, Inc. did not receive either of the two prior uniform business report notices in 2002. We have not dissolved the corporation. Please return our not-for-profit corporation to "active" status.

Thank you.

Tom Metzgar
Tom Metzgar

President, Friends of the Freeport Library, Inc.