

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004709

1. Corporation Name

DURWARD NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

413 SOUTH RIDE  
TALLAHASSEE FL 32303

Mailing Address

413 SOUTH RIDE  
TALLAHASSEE FL 32303

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

08/14/1998

5. FEI Number

APPLIED FOR

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	4 City / State / Zip
D	AUDIE, JOSEPH J JR	705 SOUTH RIDE	TALLAHASSEE FL 32303
D	GROSSLIGHT, JANE	700 NORTH RIDE	TALLAHASSEE FL 32303
D	GEORGE, MARNIE	413 SOUTH RIDE	TALLAHASSEE FL 32303
			000004688210--6 -11/20/01--01006--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~THERIAQUE/DAVID A  
909 E PARK AVE  
TALLAHASSEE FL~~

9. Name and Address of New Registered Agent

Name

MARNIE GEORGE

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

413 SOUTH RIDE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

*Marnie L. George*  
REGISTERED AGENT MUST SIGN

Date

10-29-01

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:

*Joseph J. Audie Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

950 385 4441

Daytime Phone #

CR2ED40 (8/01)