

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 20 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N980000006312

1. Corporation Name

Sunbonnet Sue Quilters Guild, Inc.

JAN 23 2012

K. ASHTON

REINSTATEMENT 10-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

Church of Christ
3306 20th St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1011

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

Indian River

Zip

32961

Country

Indian River

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 3, 1998

5. FEI Number

650886207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn Reinhardt

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

3925 8th Place

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

500219075435

01/20/12--01006--019 ***367.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carolyn Reinhardt

REGISTERED AGENT MUST SIGN

Date 1/16/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carolyn Reinhardt	3925 8th. Place	Vero Beach, FL 32960
VP	Tina Marchese	560 Cypress Rd	Vero Beach, FL 32963
T	Kay Ann Smith	610 Honeysuckle Lane	Vero Beach, FL 32963
A.T	Joan Dillon	1410 16 th Ct. SW	Vero Beach, FL 32962
S	Denise Dillon	5556 W. 1 st Sq. SW	Vero Beach, FL 32968
L/H	Shirley Snader	1346 34th Ave	Vero Beach, FL 32960

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carolyn Reinhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/12
Date

772-778-7816
Daytime Phone #