

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -2 AM 11:51

DOCUMENT # N98000006370

1. Corporation Name

ALAUQUA WOMEN'S CHARITABLE FUND, INC.

Principal Place of Business

Mailing Address

300 PRIMERA BLVD
SUITE 432
LAKE MARY FL 32746

300 PRIMERA BLVD
SUITE 432
LAKE MARY FL 32746

32746

32746

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1998

5. FEI Number

59-3542678

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
D	FICHTHORN, NANCY	300 PRIMERA BLVD STE 432	LAKE MARY FL 22746
D	HILL, MARIE	300 PRIMERA BLVD STE 432	LAKE MARY FL 22746
D	POLLACK, PAM	300 PRIMERA BLVD STE 432	LAKE MARY FL 22746
D	DOBSON, POLLY	300 PRIMERA BLVD	LAKE MARY FL 22746
D	DOBSON, POLLY	2251 LUCIEN WAY, SUITE 800	MARTLAND FL 32751
			000004700980-8 -11/30/01--01076--011 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 W COMSTOCK AVE, STE 111
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name ROBERT J. HUTCHINS
Street Address (P.O. Box Number is Not Acceptable)
400 N. WYMORE RD, STE 110
Suite, Apt. #, Etc.
City WINTER PARK
State FL
Zip Code 32789

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

[Signature]

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407 333 4338