

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
DIVISION OF CORPORATIONS

DOCUMENT # **N99000004874**

1. Corporation Name

**FLORIDA STATE COMMITTEE OF THE NATIONAL MUSEUM
OF WOMEN IN THE ARTS, INC.**

Principal Place of Business

Mailing Address

RT. 3, BOX 205
MONTICELLO FL 32344

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MONTICELLO FL 32344

00 DEC -5 AM 9:20



REINSTATEMENT

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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1999	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
President	Anna Schrieffer	Rt. 3 Box 205	Monticello FL 32344
Vice Pres.	Beverly White	3082 Shamrock North	Tallahassee FL 32308
Sec.	Mary Ann Moore	2179 Miller Landing Rd.	Tallahassee FL 32312
Treas.	Mildred Dadisman	1235 Live Oak Plantation Rd.	Tallahassee FL 32312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AURELL, JOHN K 227 S. CALHOUN ST. TALLAHASSEE FL 32301	Name Anna Schrieffer	
	Street Address (P.O. Box Number is Not Acceptable) Rt. 3 Box 205	
	Suite, Apt. #, Etc.	
	City Monticello	State FL

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

Anna Schrieffer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-4-00**

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:

Anna Schrieffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna Schrieffer President

11-4-00

850-997-4152

Date

Daytime Phone #

AD

CR2ED40 (8/00)