

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S00431

1. Corporation Name

Friends of the Leon County Public Library Gift Shop, Inc.

800086810688
01/31/07--01031--021 **450.00

REINSTATEMENT
CR2E081 (1/07) 05-07

2. Principal Office Address - No P.O. Box #
200 West Park Avenue

3. Mailing Office Address
1292 Timberlane Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
USA

Zip
32312

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/18/90

5. FEL Number
59-3033172

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
Matlock, George V.

Street Address (P.O. Box Number is Not Acceptable)
1545 Raymond Diehl Road

Suite, Apt. #, Etc.
3D Floor

City
Tallahassee

State **Zip Code**
FL 32317

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

REGISTERED AGENT MUST SIGN

Date

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
President	Leslie Rupp	200 West Park Avenue	Tallahassee, FL 32301
Treasurer	Rachael Tilcock	1292 Timberlane Road	Tallahassee, FL 32312

10. 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 contained in Chapter 119, 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:

Rachael Tilcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 (850) 893-8418
Date Daytime Phone #

B. Mitchell JAN 26 2007