

REINSTATEMENT/REINCORPORATION

Reinstatement and Reincorporation Requirements:

- a. Copy of Articles and all amendments certified by the clerk of the circuit court.
- b. Application for Reinstatement and Reincorporation (completed).
- c. Certificate of Reincorporation and registered agent designation & acceptance (completed).
- d. Fees (as shown below).

NOTE:

“Reinstatement/Reincorporation” is for not for profit corporations that were legislatively or judicially created prior to September 1, 1959, and have never been reflected on the records of the Division of Corporations. These corporations were dissolved by operation of law (s.617.1623(1), F.S.) on July 2, 1992. Reincorporation allows for the future filing of annual reports, amendments, and any other corporate documents. The corporation, once reinstated, shall then be entitled to all privileges and powers as if originally incorporated under Chapter 617, F.S.

FEES:

Filing Fee	\$35.00
Registered Agent	\$35.00
Annual Reports	\$61.25 per year from 1993 to present.

OPTIONAL:

Certified Copy \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status \$8.75

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

APPLICATION FOR REINSTATEMENT AND REINCORPORATION OF LEGISLATIVELY OR JUDICIALLY CHARTERED NOT FOR PROFIT CORPORATION

IN COMPLIANCE WITH s. 617.1623(1)(d), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REINSTATE AND REINCORPORATE A NOT FOR PROFIT LEGISLATIVELY OR JUDICIALLY CHARTERED CORPORATION WHICH WAS DISSOLVED ON JULY 2, 1992, PURSUANT TO s. 617.1623(1)(c):

1. _____
Name of corporation exactly as it appears in legislative or judicial charter.

2. _____
Street address of the principal office of the corporation.
(This address will be used for the mailing of corporation annual reports)

3. _____
Date of legislative or judicial incorporation

4. FEI Number ____ - _____ FEI Number applied for
 FEI Number not required

5. Name, address and title of current officers and/or directors:
(use additional page if necessary)

Title	Name	Street Address	City/State/Zip

6. Attached is a copy of the judicial charter and all amendments thereto certified by the Circuit Court of the county wherein recorded **or** a copy of the chartering law certified by the Department of State, Division of Elections as to legislative charters and completed Certificate of Reincorporation.

Authorized Signature

Name and capacity of person signing application
(see S. 617.10201(6))

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____
PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX

Enclosed is an original and one (1) copy of Reinstatement/Reincorporation and a check for:

FEES:

Filing Fee	\$35.00
Registered Agent	\$35.00
Annual Reports for 1993 through present year	\$61.25 per calendar year

OPTIONAL:

Certified Copy \$8.75 (plus \$1 per page over 8, not to exceed a maximum of \$52.50)
Certificate of Status \$8.75

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF REINCORPORATION

Pursuant to s. 617.0901, Florida Statutes, this certificate of reincorporation was duly authorized by a meeting of its members regularly called or by a meeting of its board of directors if there were no members entitled to vote on the reincorporation:

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be:

ARTICLE III PURPOSE

The specific purpose for which the corporation is organized:

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

Date