

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 DEC 15 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710087

1. Corporation Name

FLORIDA A. G. C. COUNCIL, INC.

Principal Place of Business

Mailing Address

~~215 S MONROE ST~~  
~~STE 500~~  
~~TALLAHASSEE FL 32301~~  
~~US~~

P.O. BOX 10569  
TALLAHASSEE FL 32302-2569  
US



100002719551--8

-12/22/98--01083--014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

304 N. Meridian St

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State  
Tallahassee FL

City & State

Zip Country  
32301 US

Zip Country

4. Date Incorporated or To Do Business in Florida  
12/21/1965

5. FEI Number

59-1142866

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>PD</del>	<del>PARKER, BILL</del>	<del>1055 PONCE DE LEON BLVD</del>	<del>BELLEAIR FL</del>
<del>VD</del> PD	VOGEL, DAN	<del>P.O. BOX 5200 N/A</del> 2720 Dranefield Rd	LAKELAND FL 33811
<del>VD</del> VD	RASCHE, JIM	800 N MAGNOLIA AVE., STE. 1301	ORLANDO FL 32803
ST	<del>MCLEAN, ARCH</del> Allen Douglas	<del>215 S. MONROE ST, STE. 500</del> 304 N Meridian St Ste 1	TALLAHASSEE FL 32301
<b>REINSTATEMENT</b> 98 12/18/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCLEAN, ARCH  
215 S MONROE ST  
STE. 500  
TALLAHASSEE FL 32301

Name Allen Douglas  
Street Address (P.O. Box Number is Not Acceptable) 304 N. Meridian St  
Suite, Apt. #, Etc. Suite 1  
City Tallahassee State FL Zip Code 32301

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Allen Douglas

12/4/98

850 222 2421

Date

Daytime Phone #

CR2EM0 (9/98)