

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

REINSTATEMENT 03

DOCUMENT # **710087**

1. Corporation Name

FLORIDA A. G. C. COUNCIL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10569
TALLAHASSEE FL 32302
US

P.O. BOX 10569
TALLAHASSEE FL 32302
US

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

12/21/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1142866

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
ST	DOUGLAS, ALLEN	200 W COLLEGE AVE. STE 205	TALLAHASSEE FL 32301
PD	GERWIG, LARRY	620 DREW ST	CLEARWATER FL 33755
VD PD	PETERSEN, BRIAN	8517 S. PARK CIR., STE 200	ORLANDO FL 32819
VD	Dale Hedrick, Dale	2200 Centrepark West Dr. Suite 100	West Palm Beach, FL 33409

8. Name and Address of Current Registered Agent

DOUGLAS, ALLEN
1395 SHOTGUN RD.
SUNRISE FL 33326

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

Allen Douglas

Date 11/9/03

REGISTERED AGENT MUST SIGN

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:

Allen Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/03

Date

850/222 2421

Daytime Phone #

CR2E040 (7/03)