

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745120

1. Corporation Name

Crestview Area Chamber of Commerce, Inc

2. Principal Office Address

502 S. Main St

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32536

Country

Okaloosa

3. Mailing Office Address

502 S. Main St

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32536

Country

Okaloosa

REINSTATEMENT 89-02

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 1956

5. FEI Number

59-0785307

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

WAYNE R. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

502 S. Main St

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

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

Wayne R. Harris
REGISTERED AGENT MUST SIGN

Date

5/14/02

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
P	LYNN YORT	502 S. Main St	Crestview, FL 32536
VP	NED COUEY	502 S. Main St	Crestview, FL 32536
T	SAM KYSER	502 S. Main St	Crestview, FL 32536
D	BBRIDGET RENFROE	502 S. Main St	Crestview, FL 32536

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 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:

LYNN YORT, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02
Date

(850) 689-1405
Daytime Phone #

25 6/14/02