

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 OCT 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001149**

1. Corporation Name

HISTORIC RUSS HOUSE FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 130
MARIANNA FL 32447

POST OFFICE BOX 130
MARIANNA FL 32447



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Data Incorporated or Qualified To Do Business in Florida

02/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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
PD	MCQUAGGE, BILL Art Kimbrough	POST OFFICE BOX 130 4318 Lafayette Street	MARIANNA FL 32447 32446
STD	BAKER, FRANK A	4431 LAFAYETTE STREET	MARIANNA FL 32447 32446
D	HART, JAMES W	7371 COX ROAD	BASCOM FL 32423
D	ROBERTS, ROBBY	POST OFFICE BOX 246 4207 Lafayette Street	MARIANNA FL 32447 32446
D	GRIFFIN, KEN	4636 HWY 90 EAST, SUITE E	MARIANNA FL 32446
D	SANSON, TOM	3284 CAVERNS ROAD	MARIANNA FL 32446

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MCQUAGGE, BILL~~
4318 LAFAYETTE STREET
MARIANNA FL 32446

Name Jackson Co. Chamber of Commerce
Street Address (P.O. Box Number is Not Acceptable) 4318 Lafayette Street
Suite, Apt. #, Etc.
City Marianna State FL Zip Code 32446

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

[Signature]
REGISTERED AGENT MUST SIGN

500024197995
10/28/03--01026--006 **245.00

Date 10-23-2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ART KIMBROUGH (EO)

Date 10-23-2003

Date

Daytime Phone #

850-482-5061

CR2E040 (7/03)