

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 APR 13 AM 9:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N37989**

1. Corporation Name

DESOTO COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

3028 N.E. ARCADIA AVE.
 ARCADIA, FL. 34266

700002859287--4
 -04/30/99--01138--002
 *****297.50 *****297.50

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/4/1990

5. FEI Number

59-3018187

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
PRES	JOHN A. REYNOLDS	503 N. POLK AVE.	ARCADIA, FLA. 34266
V-P	LUKE WILSON	914 MIZELLE AVE.	ARCADIA, FLA. 34266
S	MILLIE HALL	135 S. OSCEOLA AVE.	ARCADIA, FL. 34266
T	JUDY TAYLOR-HALIGEIS	606 E. OAK AVE.	ARCADIA, FL. 34266
D	RUTH R. HAMILTON	1021 W. HICKORY AVE.	ARCADIA, FL. 34266
D	IRMA LAWRENCE	1802 NE MIKE DR.	ARCADIA, FL. 34266

8. Name and Address of Current Registered Agent

G.C. COSTNER
 3028 N.E. ARCADIA AVE.
 ARCADIA, FL. 34266

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.

Signature of Registered Agent

Gerald C. Costner
 REGISTERED AGENT MUST SIGN

Date **4/1/99**

11. This corporation owes 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:

John A. Reynolds
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2008-112-981