

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00-02 48 R



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001362

1. Corporation Name

NORTH CENTRAL FLORIDA ASSO. for the  
G. F. & D.

WD2-7434

2. Principal Office Address

2731 NW 41<sup>st</sup> Street

Suite, Apt. #, etc.

B-2

City & State

Gainesville, Florida

Zip

32606

Country

ALACHUA

3. Mailing Office Address

2731 NW 41<sup>st</sup> Street

Suite, Apt. #, etc.

B-2

City & State

Gainesville, FL

Zip

32606

Country

ALACHUA

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-04/22/02--01120--009

\*\*\*\*183.75 \*\*\*\*183.75

4. Date Incorporated or Qualified  
To Do Business in Florida

3-7-1996

5. FEI Number

59-3367232

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

Melissa Jay Murphy

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

3940 NW 10<sup>th</sup> Blvd.

Suite, Apt. #, Etc.

Building B

City

Gainesville

State

FL

Zip Code

32605

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

Melissa Jay Murphy

Date

3/5/02

REGISTERED AGENT MUST SIGN

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
D	Debby Harris	2731 NW 41 <sup>st</sup> St. B-2	Gainesville, FL 32606
D	Rose Smith	13101 NW 19 <sup>th</sup> Place	Gainesville, FL 32606
D	Bebe Smith	13101 NW 19 <sup>th</sup> Place	Gainesville, FL 32606

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:

Katherine M. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

352-3763531

Daytime Phone #

CR2E081 (9/98)

To Whom It May Concern,

We have not been receiving  
a yearly statement. Enclosed is a check  
for 2000-2001-2002. Sorry for delay.  
Thank for your help.

Thank you