PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI ISTATEM			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				DIVISION OF PARTICULAR 10 FEB -3 PM 2: 41			
DOCUMENT # N97000002950 1. Corporation Name											
GADSDEN COUNTY CHAMBER OF COMMERCE FOUNDATION, INC											
		P.O. Box# S STREET	3. Mailing Office Address 208 NORTH ADAMS STREET Suite, Apt. #, etc.				000167914930 02/03/1001033019 **420.00 CR2E081 (11/09)				
City & State			City & State				To Do Business in Florida 5/22/1997				
QUINCY, FL				QUINCY, FL					5. FEI Number Applied For 59-3674706 Not Applicable		
Zip 32351	51 USA		32351		USA	•	6. CERTIFICATI	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fe for a Certificate o			
		7. Nan	ne and Address of	Current Regis	tered Ager	nt					
Name James Ashmore								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) 109 South Main Street											
Suite, Apt. #, Etc.											
City Havana State Zip C											
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 REGISTERED AGENT MUST SIGN								Date 2/1/10			
9. Names	and Street Ad	dresses	of Each Officer and	or Director (Flo	rida nonpro	ifit corpo	prations must list at le	ast 3 directors)			
Titles		Officer	Name of s and/or Directors	Street Address of Each Officer and/or Director					City / S	itate / Zip	
M/D	David	Gardne	r	208 North Adams			Street	Quincy, FL	32351		
P/D	Frank	omb		107 West Franklin Street Quincy, FL 32351							
T/D	Jack Peacock				206 Jack Drive				Quincy, FL	32352	
REINSTATEMENT 07-10 B 2/5/10											
10. E-mail Address: gadsdencc@tds.net (To be used for future annual report notification)											
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 filling this reinstatement application, the eason 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. I further certify, the intermation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											