

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47150

1. Corporation Name

Madison County Foundation for
Excellence in Education, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

101 N. Range St.

Suite, Apt. #, etc.

City & State

Madison, FL

Zip

32340

Country

Madison

3. New Mailing Office Address, If Applicable

P. O. Box 181

Suite, Apt. #, etc.

City & State

Madison, FL

Zip

32341-1027

Country

Madison

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/1992

5. FEI Number

59-3112453

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
P/D	Monteen M. Cave	N/A P. O. Box 1027	Madison, FL 32341
VP/D	George M. Willis	N/A P. O. Box 119	Madison, FL 32341
S/D	Mary B. Ruff	N/A P. O. Drawer 570	Madison, FL 32341
T/D	Tim Sanders	N/A P. O. Box 237	Madison, FL 32341

900002337289--0
-11/04/97--01027--014
****236.25 ****236.25

8. Name and Address of Current Registered Agent

Hardee, Cary A.
215 S.E. Pinckney Street
Madison, FL 32341-0450

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

Cary A. Hardee

REGISTERED AGENT MUST SIGN

Date 10-30-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Monteen M. Cave, President

10-30-97
Date

(850) 973-4636
Daytime Phone #

CR2E040 (1/2/96)