

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
Dec 18, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **715823**

1. Corporation Name

SPRINGTIME TALLAHASSEE, INC.

Principal Place of Business

**209 E. PARK AVE.
TALLAHASSEE FL 32301**

Mailing Address

**P.O. BOX 1465
TALLAHASSEE FL 32302**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DD

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1969

5. FEI Number

23-7241347

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TAFF, BROWARD JR. <i>Remove</i>	6600 TREASURE OAKS CIR.	TALLAHASSEE FL 32309
TD	WILSON, KEN	3788 BOBBIN BROOK CIR.	TALLAHASSEE FL 32312
DD	ERVIN, LAURA	3066 HAWKS GLEN	TALLAHASSEE FL 32312
PD	Bell, John	3208 Sharer Rd	Tallahassee, FL 32312
			900009560389 12/17/02--01059--006 **236.25

8. Name and Address of Current Registered Agent

**TAFF, BROWARD JR.
6600 TREASURE OAKS CIR.
TALLAHASSEE FL 32309**

9. Name and Address of New Registered Agent

Name

Bell, John

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

3208 Sharer Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec 16, 2002

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02
Date

*(850)
385-4901*
Daytime Phone #

CR2E040 (8/02)