

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 OCT 27 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 151788

1. Corporation Name

WALTER BAYNARD AND COMPANY

Principal Place of Business

~~10 SOUTH MAIN STREET~~  
P.O. BOX 485  
~~CHIEFLAND FL 32644~~  
US

Mailing Address

~~10 SOUTH MAIN STREET~~  
P.O. BOX 485  
~~CHIEFLAND FL 32644~~  
US

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

2. New Principal Office Address, If Applicable

1825 N. Young Blvd.

Suite, Apt. #, etc.

City & State  
Chiefland, FL

Zip Country  
32626 USA

3. New Mailing Office Address, If Applicable

P.O. Box 485

Suite, Apt. #, etc.

City & State  
Chiefland, FL

Zip Country  
32644 USA

4. Date Incorporated or Qualified  
To Do Business In Florida

07/24/1947

5. FEI Number

59-0575613

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
<del>STD</del>	<del>BAYNARD, ELEANOR</del>	<del>10 SOUTH MAIN STREET</del>	<del>CHIEFLAND FL</del>
STD	BAYNARD, ELEANOR	1825 N. Young Blvd.	CHIEFLAND 32626 FL
<del>PD</del>	<del>BAYNARD, OWEN F.</del>	<del>10 SOUTH MAIN STREET</del>	<del>CHIEFLAND FL</del>
PD	BAYNARD OWEN F.	1825 N. Young Blvd.	CHIEFLAND FL 32626
			000002332620--0 -10/29/97--01077--017 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

BAYNARD, OWEN

~~10 SOUTH MAIN ST~~

~~CHIEFLAND FL 32644~~

1825 N. Young Blvd.

Chiefland, FL 32626

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

Owen F. Baynard REGISTERED AGENT MUST SIGN

Date 10/24/97

11. This corporation owes or has paid 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:

*Owen F. Baynard*  
OWEN F. BAYNARD, President

10/24/97

Date

352-493-2676

Daytime Phone #

CR2ED40 (8/97)