

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 AM 9:33

DOCUMENT # 218410

1. Corporation Name

FLORIDA SPRINGS, INC.

Principal Place of Business

SAN SERVANDO AVENUE
VENICE FL 33596

Mailing Address

~~SAN SERVANDO AVENUE~~
~~VENICE FL 33596~~

C/O Wheeler
938 Sunset Dr. Venice FL
34285

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

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 99

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1958

5. FEI Number

59-0586102

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	4. City / State / Zip
PD	HERRON, DORIS D	711 VALENCIA ROAD	VENICE FL
D ✓	DALEY, F.M. JR.	10 MEADOW LANE	HANOVER NH
STD PJ	WHEELER, MARY ALICE D	838 SUNSET DRIVE	VENICE FL
STD	GRASSINGER, SUSAN H.	1000 CRESTWOOD DR.	ENGLEWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRON, DORIS D.
711 VALENCIA ROAD
VENICE FL 33596

Name

MARY D. WHEELER

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

938 SUNSET DR

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34285

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

Mary D. Wheeler

REGISTERED AGENT MUST SIGN

Date 10-18-99

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:

Mary D. Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99

Date

941-486-4692

Daytime Phone #

CR2E040 (8/99)