

THIS FORM  
FILED



05 NOV 15 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

## 2. Principal Office Address

### 3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. Date Incorporated or Qualified To Do Business in Florida**

12/11/70

**5. FEI Number**

59-1310456

Applied For

	Not Applicable
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Zip

Country

32011

Zip

Country

**6.**

**CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name \_\_\_\_\_

Name **MATTIE JEAN WRIGHT**

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

619/5 RIVER ROAD

Suite, Apt. #, Etc.

City

**City CALLAHAN**

State

FL

Zip Code

Zip Code  
32011

**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

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	MATTIE JEAN WRIGHT	61975 RIVER RD.	CALLAHAN, FL 32011
			200061448182 11/15/05--01072--011 **050.00
			200061448182 11/15/05--01072--012 **250.00

10. 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

Date \_\_\_\_\_

Daytime Phone #

904-879-3743