

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 16 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 386776

1. Corporation Name

FOUNTAIN FRENCH LAND CO., INC.

Principal Place of Business

Mailing Address

U.S. HWY. 301 SOUTH
P.O. BOX 582
NAHUNTA GA 31553-0582

U.S. HWY. 301 SOUTH
P.O. BOX 582
NAHUNTA GA 31553-0582

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1971

5. FEI Number

59-1484922

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
PC	MOORE, WILLIAM	US HWY 301 S	NAHUNTA GA
STD	LEE, LEON	US HWY 301 S	NAHUNTA GA
D	BONVENTRE, BETTY JO	11943 GREENWOOD CT	JACKSONVILLE FL
V	HENDRIX, DANA	U.S. HWY. 301 SOUTH	NAHUNTA GA
STD	MOORE, IDA	US HWY 301 S	NAHUNTA GA
			000003892890-9 -03/22/01--01065--027 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONVENTRE, BETTY JO
11943 GREENWOOD CT
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

000003892890-9
-03/22/01--01065--028
****150.00 ****150.00
FL

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

Betty Jo Bonventre
REGISTERED AGENT MUST SIGN

Date 2-10-01

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:

Ida Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/2001 (912)462-6442

Date

Daytime Phone #

CR2E040 (8/03)