

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **406065**

1. Corporation Name

ST. CLOUD PUBLISHING CO.

FILED

00 OCT 31 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5951 LINENE DRIVE
CRESTVIEW FL 32536

Mailing Address

5951 LINENE DRIVE
CRESTVIEW FL 32536

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

80

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1972

5. FEI Number

59-1423664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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
P	KNUDSEN, JAMES J	5951 LINENE DRIVE	CRESTVIEW FL 32536

8000003469688--2
-11/20/00--01021--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KNUDSEN, JAMES J
5951 LINENE DRIVE
CRESTVIEW FL 32536

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

James J. Knudsen
REGISTERED AGENT MUST SIGN

Date

10-27-2000

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 furnished 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

James J. Knudsen

Date

10-27-2000 850-682-6572

Daytime Phone #

KE