

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 29 PM 2:08

DOCUMENT # 407689

1. Corporation Name

FLORIDA INDIES CORPORATION

100020693171
06/09/03--01087--020 **908.75

REINSTATEMENT

00-03

2. Principal Office Address

2881 Jefferson St.

3. Mailing Office Address

P. O. Box 138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, Florida

City & State

Marianna, Florida

Zip

32446

Country

USA

Zip

32447

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/72

5. FEI Number

59-1482540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS C. WILKINSON

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

2881 Jefferson Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

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

Thomas C. Wilkinson

REGISTERED AGENT MUST SIGN

Date May 29, 2003

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
P/D	Thomas C. Wilkinson	2881 Jefferson Street	Marianna, FL 32446
S/D	C. C. Harrison, Jr.	5089 Old Hickory Circle	Marianna, FL 32446

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: *Thomas C. Wilkinson*
THOMAS C. WILKINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 29, 2003 (850)482-4000

Date

Daytime Phone #

CR2E081 (10/02)