

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 588405

1. Corporation Name EIGHT MILES EAST OF MACON, INC

000006523700--0

-07/19/02--01029--003

*****8.75 *****8.75

2. Principal Office Address

134 HINES TER.
MACON, GA 31204

3. Mailing Office Address

134 HINES TER
MACON, GA 31204

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MACON, GA

City & State

MACON, GA

Zip

31204

Country

U.S.A.

Zip

31204

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/78

5. FEI Number

58-1342811

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

CLARA C. PITMAN

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

1796 South Kings Road

Suite, Apt. #, Etc.

N/A

City

Callahan, Fla.

State

FL

Zip Code

32011

000006523700--0

-07/19/02--01029--004

***1977.50 ***1977.50

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

CLARA C. PITMAN

REGISTERED AGENT MUST SIGN

Date

7/12/02

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

CEO P/O HAROLD G. Caldwell

134 HINES TER.

MACON, GA 31204

S/T/D SALLY A. CALDWELL

134 HINES TER.

MACON, GA 31204

86-02 ubn

18

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

HAROLD G. Caldwell (HAROLD G. CALDWELL)

Date

7/12/02

Daytime Phone #

478/
3186225

CR2E081 (9/01)

7/12/02

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TO: FLA Sec of ST.

FROM: HAROLD G. CALDWELL, JR.
Eight miles East of
Macon, Ga

Re: Waiver of Reinstatement of \$600⁰⁰

TO WHOM IT MAY CONCERN:

Please be advised I have no and
have not received a 1986 Renewal
Application and ask that you please
waive the Reinstatement Fee. Enclosed is money
CK#1123, \$1977.50

Thanking you in advance, I am

Respectfully

Harold G. Caldwell, Jr.
Eight miles East of Macon, Ga
Harold G. Caldwell

(C) 478-318-6221

(H) 478-722-0022