

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



97
AIR

FILED

①

DOCUMENT # 712399

1. Corporation Name

FLAGLER COUNTY CATTLEMEN'S ASSOCIATION, INC.

97 NOV -5 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 E MOODY BLVD #5
BUNNELL FL 32110-0308

Mailing Address

1200 E MOODY BLVD #5
BUNNELL FL 32110-0308



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		4. Date Incorporated or Qualified To Do Business In Florida 03/14/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HENRY, MORGAN	RT 1 BOX 223D NA	BUNNELL FL
S	SHELBY, TERRY	1200 E MOODY BLVD #5	BUNNELL FL
T	BOYD, MIKE	RT 1 BOX 240 NA	BUNNELL, FL 00000
D	STANLEY, G STEVE	PO BOX 2882 NA	DELAND FL
D	TUCKER, LESLIE M.	CR 304 - RT 1 BOX 216 NA	BUNNELL FL
			56 11-7-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HENRY, MORGAN RT 1 BOX 223D BUNNELL FL 32110		Name Street Address (P.O. Box Number Not Allowed) Suite, Apt. #, Etc. City	
		-11/12/97--01091--004 *****61.25 *****61.25	
		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 *Morgan Henry*
REGISTERED AGENT MUST SIGN

Date 11-1-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Michael C. Boyd

MICHAEL C. BOYD

11/2/97

904-437-3021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (8/97)

(2)

WE RECEIVED THIS NOTICE OF
DISSOLUTION OR REVOCATION SO
I CALLED YOUR OFFICE. THEY
CONFIRMED THAT WE HAD NEVER
RECEIVED AN ANNUAL REPORT
TO FILL OUT. IT HAD BEEN
SENT TO THE WRONG ADDRESS
OR SOMETHING. THEY ALSO TOLD
ME TO FILL OUT THE FORM
WRITE THIS NOTE OF EXPLANATION
& SEND A CHECK FOR \$61.25.
THANK YOU.

Michael E. Boyd
Treasurer.
Playa Vista, California
11/2/97