

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717721

1. Corporation Name

MARIANNA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

JACKSON COUNTY CHAMBER OF COMMERCE
4318 LAFAYETTE STREET
MARIANNA FL 32446
US

P.O. BOX 130
MARIANNA FL 32447
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1969

5. FEI Number

59-0344533

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PC	ROLOLO, PHIL Roberts, Robby	P.O. BOX 974 4207 Lafayette	MARIANNA FL 32447 32446
CEO	MCQUAGGE, BILL Kimbrough, Art	P.O. BOX 130 4318 Lafayette St.	MARIANNA FL 32447 32446
TD	OLIVER, TORI Williams, Keith	4280 JEFFERSON ST STE C 4648 Hwy 90 E	MARIANNA FL 32446
SC	GRIFFIN, KENNY	4636 HWY 90 STE E	MARIANNA FL 32446
SD	ROBERTS, ROBBY Ward, Byron	P.O. BOX 246 4433 Jackson St.	MARIANNA FL 32446
D	WILLIAMS, KEITH Kinchen, Thomas	4648 HWY 90 E 5400 College Drive	MARIANNA FL 32446 Graceville, FL 32440

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON COUNTY CHAMBER OF COMMERCE -
4318 LAFAYETTE STREET
MARIANNA FL 32446

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)