

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 727414**

1. Corporation Name

**COLUMBIA COUNTY HISTORICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

C/O GARY SHIELDS  
RT 10, BOX 408-A  
LAKE CITY FL 32025  
US

C/O GARY SHIELDS  
RT 10, BOX 408-A  
LAKE CITY FL 32025  
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

09/10/1973

5. FEI Number

23-7362581

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)

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
DS	NELSON, BLOCKER	867 S 7TH ST	LAKE CITY, FL 00000
T	SHIELDS, GARY	RT 10 BOX 408-A	LAKE CITY, FL 00000
P	WITT, GERALD	1720 PERRY ST	LAKE CITY, FL 00000
D	MANN, MARION	RT 2 BOX 54	LAKE CITY, FL 00000
D	MOORE, ESTER	RT 1 BOX 247	LAKE CITY, FL 00000
D	HAWORTH, BERNICE	802 E PUTMAN ST	LAKE CITY, FL 00000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONE, J.I.  
424 E CAMP ST  
LAKE CITY FL 32055

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date Oct 30, 1997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-97

Date

904-752-8264

Daytime Phone #



**REINSTATEMENT 97**

97 NOV -3 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/97)