

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734187

1 Corporation Name
DeSoto County Taxpayers Association, Inc.

99 JUN -9 AM 10:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10 S DeSoto Ave, 2 Flr Post Office Box 1278
Arcadia, FL 34266 Arcadia, FL 34265

REINSTATEMENT *7-99*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable **4644 SE Brown Road**
3 New Mailing Office Address, If Applicable **4644 SE Brown Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **Arcadia, FL 34266** City & State **Arcadia, FL 34266**

Zip **34266** Country **DeSoto** Zip **34266** Country **DeSoto**

4 Date Incorporated or Qualified To Do Business in Florida **10/28/75**

5 FEI Number **59-1633711** 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
P/D	V. C. Hollingsworth, III	8326 NE Pine Level St.	Arcadia, Florida 34266
S/D	H. P. Bateman	6384 SE CR 760	Arcadia, Florida 34266
T/D	Cary M. Mercer	4644 SE Brown Road	Arcadia, Florida 34266

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8. Name and Address of Current Registered Agent

Fletcher Brown
124 North Brevard Avenue
Arcadia, Florida 34266

9. Name and Address of New Registered Agent

Name **Eugene E. Waldron, Jr.**
Street Address (P.O. Box Number is Not Acceptable) **124 North Brevard Avenue**
Suite, Apt. #, Etc.

City **Arcadia** State **FL** Zip Code **34266**

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 *Eugene E. Waldron, Jr.*
REGISTERED AGENT MUST SIGN

Date **3/26/99**

11. This corporation owes 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:

V. C. Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99
Date

Da-time Phone #