PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FOR ... FILED Secretary of State REINSTATEME DIVISION OF CORPORATIONS 02'NOV 13 PH 5: 38 DOCUMENT # 1. Corporation Name SECRETARY OF STATE FALLAHASSEE, FLORIDA BELLEVIEW/SOUTH MARION CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 5301 SE ABSHIER BLVD. 5301 SE ABSHIER BLVD. BELLEVIEW FL 34420 BELLEVIEW FL 34420 **800008966568** 11/13/02--01046--013 **61,25 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 Date Incorporated or Qualified
To Do Business in Florida 11/07/1977 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1435255 City & State City & State _ Not Applicable 6. Zip Country Zip \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director TD FARNER-MARK 10935 SE 177TH PL STE 401 SUMMERFIELD FL 3449† 12055 SEUS HWY 441 Belleview FL 34420 PD 7105 SE 110 III ST RD **BELLEVIEW FL 34420** earlson it 1830) SEUS Hwy 441 VD. 5608 SE-HOTH ST **BELLEVIEW FL 34420** BY 18 011 38 8018 <u>agin botham, Virginia</u> D 5520 SE-149TH-ST **BELLEVIEW FL 34420** 2°35 5711 Se Abshier Rlyd 3949 CE-185TH LANE **BELLEVIEW FL 34420** 5608 SE NOH St D 11121-SE-40TH AVE **BELLEVIEW FL 34420** 8. Name and Address of Current Registered Agent Lister

DOMINGUEZ: BETH

11997 S US HWY 441 **BELLEVIEW FL 34420**

McCoy, Cloria

9. Name and Address of New Registered Agent

Rolleview

<u>5301 SE Ab</u>Bhien Blvd

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Belleview/South Marion Chamber of Commerce

5301 S.E. Abshier Blvd. Belleview, Florida 34420

Ph: (352) 245-2178 Fax (352) 245-7673

Department of State Division of Corporations Tallahassee, FL 32314

November 8, 2002

To Whom It May Concern,

Please be aware, that our office has received no prior notice for filing a Non Profit Corporation Report. Enclosed is the current form with corrected information and a check for Non Profit filing, in the amount of \$61.25, per instructions.

Thank you for your understanding in this matter.

Sincerely,

Sheila Lister

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