PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 20 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743413

1. Corporation Name

HISTORIC MOUNT DORA, INCORPORATED

Principal Place of Business	Mailing Address
450 ROYELLOU LANE MT DORA FL 32757 US	P O BOX 1166 P. O. BOX 1166 MT DORA FL 32757 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: 06/28/1978

5. FEI Number: 59-1913908 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	FREED-WEST, LUCRETIA	647 N GRANDVIEW	MOUNT DORA FL 32757
DV	MCCOWAN, JOHN	908 NORTH CLAYTON	MT DORA FL 32757
DTR	BERSELL, ROBERT T	2005 SUSSEX DRIVE	MOUNT DORA FL 32757
DS	KRAMER, JANE	932 NORTH MCDONALD	MOUNT DORA FL 32757

REINSTATEMENT

8. Name and Address of Current Registered Agent

FREED-WEST, LUCRETIA
647 NORTH GRANDVIEW
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

100003447477--3
-11/01/00--01032--009
****245.00 ****245.00

CR2E040 (8/00)

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: SIGNATURE REQUIRED Lucretia Freed-West — Date: 10/17/00

REGISTERED AGENT MUST SIGN

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 REQUIRED Robert T. Bersell — 10/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Robert T. Bersell

Daytime Phone #: 352-735-6900