

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 748809

1. Corporation Name

OCALA-MARION COUNTY RIGHT TO LIFE, INC.

Principal Place of Business

2000 NE 51 PLACE  
OCALA FL 34479  
US

Mailing Address

P O BOX 4993  
OCALA FL 34478  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1979

5. FEI Number

59-2882267

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	4 City / State / Zip
PD	MARTIN, REV. E	2000 NE 51 PLACE	OCALA FL
TD	ROBINSON G. MICHAEL	8713 NW 181 PL	REDDICK FL
S	CATES, ELOISE	1532 NE 17 COURT	OCALA FL
VD	Steiner, Lois	8690 SW 108 Place	Ocala FL 34481

8. Name and Address of Current Registered Agent

ROBINSON, G. M  
8713 NW 181 PLACE  
REDDICK FL 32686

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of  
Registered Agent G.M. Robinson

REGISTERED AGENT MUST SIGN

Date 11-2-99

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:

Edward J. [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-629-5553

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 99

CR25040 (8/99)