

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752100

1. Corporation Name

LAFAYETTE COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

COUNTY COURTHOUSE CORNER HWY 27 + 51
P.O. BOX 416
MAYO FL 32066

COUNTY COURTHOUSE CORNER HWY 27 + 51
P.O. BOX 416
MAYO FL 32066



REINSTATEMENT

022-01

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1980

TS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1998442

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	SKOMP, ROBERT C	PO BOX 1513 2 mi EAST OF MAYO Hwy 27	MAYO FL 32066
D	KOON, PAT	RT 2 BOX 65 Co Road 400 N	MAYO FL 32066
TD	STRICKLAND, MARGARET	RT 3 BOX 203 CRAWFORD ST	MAYO FL 32066
TD	McMILLAN, LeNETTE	P.O. Box 1388	MAYO, FL 32066
			500003534095--4 -01/12/01--01009--008 ****61.25 State ****61.25
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

THOMAS, WAYMON
CORNER OF BLOXHAM & FLETCHER ST
MAYO FL 32066

9. Name and Address of New Registered Agent

Name
Robert C. Skomp
Street Address (P.O. Box, etc.)
2 miles East of Mayo Highway 27
Suite, Apt. #, etc.
City
MAYO
State
FL
Zip Code
32066

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

Robert C. Skomp
REGISTERED AGENT MUST SIGN

Date 11-3-00

President

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:

Robert C. Skomp
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-00

Date

(904) 294-2373

Daytime Phone #

CR2E040 (8/00)