

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 764117

1. Corporation Name

WALTON COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

732 N 9TH STREET
SUITE B
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

732 N 9TH STREET
SUITE B
DEFUNIAK SPRINGS FL 32433
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

07/12/1982

5. FEI Number

59-2243382

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HAYSLIP, WADE	RT. 7 BOX 796	DEFUNIAK SPRGS FL
VD	WARD, BRUCE	3944 US HWY 331 NORTH	DEFUNIAK SPRGS FL
SD	SEIGLER, HEATHER	732 NORTH 9TH STREET	DEFUNIAK SPRINGS FL
D	CAWTHON, LANDRUM	LAKESIDE DR	DEFUNIAK SPRGS FL 32433
D	MILLER, GEORGE RALPH	105 E. NELSON AVE	DEFUNIAK SPRGS FL
TD	INGRAM, CARRIE	5227 STATE HWY 83	DEFUNIAK SPRINGS FL 32433

8. Name and Address of Current Registered Agent

MILLER, GEORGE RALPH, ESQ
105 E NELSON AVENUE, P.O. BOX 687
DEFUNIAK SPRINGS FL 32433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

[Signature]

NATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

none owed

(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:

[Signature]
NATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-98

Date

Daytime Phone #

APPROVED
AND
FILED

98 DEC 22 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR25040 (9/98)