PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 4: 28

TALLAHASSEE, FLORIDA

DOCUMENT #	77	70	02	8
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1. Corporation Name

GEORGIA	SEAGLE	ALUMNI	ASSOCIATION,	INC
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Principal Place of Business 1002 W. UNIVERSITY AVE GAINESVILE Ft. 328001 PO BOX 12287 US ANNESVILE Ft. 3280040287 US ANN	_								
GANESVILLE FL 32001 GANESVILLE FL 320040287 US GANESVILLE FL 32004 US GANESVILLE FL 320040287 US GANESVILLE FL 320040288 US GANESVILLE FL 32004028 US GANESVILLE FL	Principal PI	ace of Business	Mailing Addr	ess	· · · · · · · · · · · · · · · · · · ·				
If above addresses are incorrect in any way, fire 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 7. Do Business in Florida 9. Spiles For Not Applicable 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 5. FEI Number 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations) 7. Namos and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations) 7. Namos and Stree	GAINESVILLE FL 32601 GAINESVILLE FL 32604-0287			einet Einet	ayers		153		
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City & State Country Coun	Suite, Apt.	#, etc.	Suite, Apt. #	etc.		10 00 003		08/29/19	<i>1</i> 83
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Country Country Country Country Certificate of Status Desired	City & State	3	City & State				39-23008 IU		
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D MCCARET, RW George (. Schneider T309 Sw 1 Many Gainesville, KC AP JONES M.F. None 249 W. DEL MONTE AVENUE CLEWISTON FL B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SESSUMS, TTERRELL 101 E. KENNEDY BLVD. STE. 3200 TAMPA FL 32602 City Street Address (P.O. Box Number is Not Acceptable) 726 Dw 4 Auc. State Zip Code FL 32601 City State Zip Code FL 32601 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. 401024103—01025—015 ***236.25 Signature of Registered Agent Wather State Page 10/21/03—01025—015 ***236.25	D	BANKHEAD, W.B.	JACKSONVILLE FL						
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Na	D	MCCAREY, RW ORLANDO FL				le, FC			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Mitchell Realty Services Street Address (P.O. Box Number is Not Acceptable) 726 Now \$ Ave. State Zip Code FL 3260 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. 4111124134 10/27/03-01025-015 **236.25	\		nc	243 W. DEL MONTE AVENU E			CLEWISTON FL		
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SESSUMS, TTERRELL 101 E. KENNEDY BLVD. STE. 3200 TAMPA FL 32602 City Gainesure of Registered Agent Date Take		8. Name and Address of Cu	rrent Registered Age	ent		9. Name and	Address of New Reg	jistered Agent	<u></u>
STE. 3200 TAMPA FL 32602 Suite, Apt. #, Etc. City GaineSuite City GaineSuite The above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. 40102410454 10/27/03-01025-015 ***236.25 Signature of Registered Agent Date 10/21/03	SESSU	IMS, TTERRELL			Mitche	No. Box Number	ty Seru	<u>اردح</u>	
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			REGISTERED AG	ENT MUST SIGN	<u></u>	-		1-1-	· · · · · · · · · · · · · · · · · · ·

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 stall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2) 103 352-262-8642