

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770028

1. Corporation Name

GEORGIA SEAGLE ALUMNI ASSOCIATION, INC.

Principal Place of Business

1002 W. UNIVERSITY AVE.
GAINESVILLE FL 32601

Mailing Address

PO BOX 12287
GAINESVILLE FL 32604-0287
US



REINSTATEMENT 03

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

08/29/1983

5. FEI Number

59-2566810

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
D	FOLEY, DAVID W Timothy Ward	3720 E. COLONIAL DR. 2361 SW 31st Place #7	ORLANDO FL Gainesville, FL
P	ANDERSON, GEORGE Robert Mitchell	3504 LAKEVIEW DR 726 NW 8th Ave	DELRAY BEACH FL 33445 Gainesville, FL
D	BANKHEAD, W.D. Davis McGlathery	1708 BELMONT AVE 1020 SW 226 St	JACKSONVILLE FL Newberry, FL
D	MCCAREY, R.W George C. Schneider	201 S ORANGE AVE, SUITE 1501 3309 SW 1st Way	ORLANDO FL Gainesville, FL
VP	JONES, M.F None	240 W. DEL MONTE AVENUE	CLEWISTON FL

8. Name and Address of Current Registered Agent

SESSUMS, T.-TERRELL
101 E. KENNEDY BLVD.
STE. 3200
TAMPA FL 32602

9. Name and Address of New Registered Agent

Name
Mitchell Realty Services
Street Address (P.O. Box Number is Not Acceptable)
726 NW 8th Ave
Suite, Apt. #, Etc.
B
City
Gainesville
State
FL
Zip Code
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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

400024104434
10/27/03--01025--015 **236.25

Date

10/21/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03 352-662-8642