

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -9 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G15716

1. Corporation Name

FLETCHER COMPANY OF GADSDEN COUNTY, Inc.

2. Principal Office Address

600 N. 14th Street

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip
32351

Country

United States

3. Mailing Office Address

600 N. 14th Street

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip
32351

Country

United States

REINSTATEMENT

GR2E081 (12/05)

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1982

5. FFL Number

592249902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra S. Fletcher

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

600 N. 14th Street

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sandra S. Fletcher
REGISTERED AGENT MUST SIGN

Date

8/3/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sandra S. Fletcher	600 N. 14th Street	Quincy, FL 32351
V	Edward H. Fletcher, III	600 N. 14th Street	Quincy, FL 32351
V	Elizabeth H. Duffey	1210 Circle Drive	Tallahassee, FL 32301
S/T	H. Maxwell Fletcher, Jr.	113 N. Madison Street	Quincy, FL 32351

100079046661
08/23/06--01026--004 **1350.00

10. 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 contained in Chapter 119, 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:

Sandra S. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3/06

Daytime Phone #

850 545-8122