

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 JAN 10 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96-2000

DOCUMENT # G 65444

1. Corporation Name

Newberry Rock, Inc.

2. Principal Office Address

10 E. FL Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 172

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA FL

Zip

32616

Country

USA

Zip

32616

Country

USA

REINSTATEMENT

96-2000

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

59-2381490

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

S.D. Lyons

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

10 E. FL Ave

Suite, Apt. #, Etc.

City

ALACHUA

State

FL

Zip Code

32616

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

S.D. Lyons

REGISTERED AGENT MUST SIGN

Date 1-10-00

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
Pres	S.D. Lyons	P.O. Box 213	Newberry Rock, FL

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 under section 119.07(3)(l), 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:

S.D. Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

904-462-4696

Daytime Phone #