

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 # **H67882**

1. Corporation Name

FOUNTAIN DEVELOPMENT CORP.

Principal Place of Business

**8359 N.E. JACKSONVILLE RD.
OCALA FL 34479
US**

Mailing Address

**8359 N.E. JACKSONVILLE RD.
OCALA FL 34479
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1985

5. FEI Number

59-2584492

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 (Do NOT Use Post Office Box Numbers) 3	4 - 200002600732-6 -07/28/98-01072-010 ***900.00-***900.00
PD	TAMBURO, PETER	8359 NE JAX RD	OCALA FL
ST	TAMBURO, PETER	8359 NE JAX RD	OCALA FL

REINSTATEMENT 97-98
B 7/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KREHL, GERARD
320 N.W. THIRD AVENUE
OCALA FL 32671**

Name

Peter Tamburo

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

8359 NE Jacksonville Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

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

Peter Tamburo

REGISTERED AGENT MUST SIGN

Date **7-20-98**

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

Yes ☐ No ☒

(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:

Peter Tamburo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2098 352-3512199
Date Daytime Phone #

CR2E040 (9/97)