PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE HORM. YELD FLORIDA DEPARTMENT OF STATE APPLICATION\_ FOR 910-9 Sandra B. Mortham Secretary of State 1997 MAY -8 PH 12: 52 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # H87466 SECRETARY OF STATE TALLAHASSEE, FLORIDA MAGNOlia Heights, INC 3505, N.W. WIR Street 1. Corporation Name GAMESVILLE, FL 32409 Mailing Address Principal Place of Business 3505 N.W. 6th Street GAINESVILLE, FL 32609 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Same AS ABOVE Suite, Apt. #, etc. 5. FEI Number City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Pres. Meva Moratto GAINESVIlle FL 32609 3606 NW 6th Street 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Meva Moratto Street Address (P.O. Box Number is Not Acceptable) 3605 N.W. Lith Street Suite, Apt. #, Etc. GAMESVIlle, FL 32409 City State Zip Code 10. I, being appointed the registered agent of the above named corpoyation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes 🔽 on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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.

Pg 2062

## D.M. Smith & Company

Certified Public Accountants 2531-A NW 41st Street Gainesville, FL 32606 904-377-5566

May 6, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Division,

Please find enclosed an application for reinstatement for Magnolia Heights, Inc. The personal representative of the estate sent in the regular renewal form, assuming the corporation was still active. Your office returned the check and the annual renewal form stating the corporation was dissolved in 1996.

Pursuant to our telephone conversation with you on April 25<sup>th</sup>, your office advised that we detail in a letter the events leading up to the return of the check.

Mr. C.L. Hilliard, President of Magnolia Heights, Inc., died in August of 1995, after having sold the business assets in June of 1995. The personal representative of the estate did not receive the annual renewal form and were unaware of the need to file the form. We assume that the form was mailed to the business address and not forwarded.

We have enclosed a check for \$365.00 that covers the filing fees for 1996-1997. We appreciate your consideration in waiving the penalties for the decedent; in as much as the form was never received.

Sincerely,

D.M. Smith & Company Certified Public Accountants

Angela R. Smith

Partner