

APPLICATION
• FOR
REINSTATEMENT



APPROVED
AND
FILED

1. Corporation Name

1997 DEC - 9 PM 3: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% DAVID PETREE
ROUTE 2. BOX 944
CALLAHAN FL 32011

RT 2 BOX 940
ROUTE 2, BOX 944
CALLAHAN FL 32011
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

Sulte, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1986

5. FEI Number

59-2635537

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	PETREE, DAVID	RT 2 BOX 840 1311 PETREE ROAD	CALLAHAN FL
TD	PETREE, DAVID	RT 2 BOX 840 1311 PETREE ROAD	CALLAHAN FL
			800002370038--0 -12/12/97--01004--020 ****750.00 ****750.00
			REINSTATEMENT <i>an</i> <i>12/19/97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PETREE, DAVID
ROUTE 2
BOX 944
CALLAHAN FL 32011**

Name DAVID H. PETREE
Street Address (P.O. Box Number is Not Acceptable)
1311 PETREE RD A-D
Suff. Apt. #, Etc.

City CHLCHAW State FL Zip Code 32011

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 David H. P. [Signature]
REGISTERED AGENT MUST SIGN

Date 17/5/1995

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: *Diana L. Pitts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/1991 Date

Daytime Phone # _____

CASE NO. 09-197