

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

900.00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
K65253  
and B. Mort  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 28 PM 4: 10

DOCUMENT # K 65253

1. Corporation Name

Fenimore M.L. Development corporation

Principal Place of Business

Mailing Address

725 N.E. First St.  
Gainesville, FL 32601

000002655570-- 6  
-10/05/98--01076--001  
\*\*\*\*4090.00 \*\*\*\*900.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2979627

Not Applicable

Zip

Country

Zip

Country

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
T	KING, CHARLES P. J.	209 N.W. 8th Street P.O. Box 363	Chiefland, FL 32644 Chiefland, FL 32644
PS	Allen, Richard R.	725 N.E. 1st St.	Gainesville, FL 32601

REINSTATEMENT 1997-1998

(BK)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Adm 600.00  
AR 122.50  
DR SUPP 177.50

900.00

Name

KING, CHARLES P. J.

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

P.O. Box 363, 209 N.W. 8th St

Suite, Apt. #, Etc.

City

Chiefland, FL

State

Zip Code

FL

32644

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

Charles King, Jr.

REGISTERED AGENT MUST SIGN

Date 9-28-98

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:

Charles P. King, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-98

Date

352-493-4797

Daytime Phone #