

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE			
DOCUMENT # N00000003717			
1. Corporation Name OCALA HIGH SCHOOL ALUMNI FOUNDATION, INC.			
2. Principal Office Address 518 SE 39th Terrace Suite, Apt. #, etc. City & State Ocala, FL Zip 34471		3. Mailing Office Address P.O. Box 1843 Suite, Apt. #, etc. City & State Silver Springs, FL Zip 34489-1843	
4. Date Incorporated or Qualified To Do Business in Florida 5/31/00		5. FEI Number 59-3675189	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED

01 OCT 2001 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent			
Name William L. Owne, Jr.			
Street Address (P.O. Box Number is Not Acceptable) 518 SE 39th Terrace			
Suite, Apt. #, Etc.			
City Ocala		State FL	Zip Code 34471

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 <i>William L. Owne, Jr.</i>	Date 10/19/01
REGISTERED AGENT MUST SIGN	

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.	William L. Owen, Jr.	518 SE 39th Terrace	Ocala, FL 34471
VP	Ra N. Moody, Jr.	804 NW 34th Avenue	Gainesville, FL 32609
Sec.	Ann Bohler Rogers	4411 SE 13th Street	Ocala, FL 34471
Treas.	Malcolm M. Ferguson, Jr.	10143 NW Hwy 326	Ocala, FL 34482

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)(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: <i>William L. Owne, Jr.</i> 10/19/01 352-629-3870			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ocala High School Alumni
Foundation, Inc.

pls
file
1st
☺

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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RECEIVED