

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:27

DOCUMENT # N00000006474

1. Corporation Name

DEEP CREEK COMMUNITY RECREATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 152-A2 HWY 441 NORTH
LAKE CITY FL 32055

RT 1 BOX 152-A2 HWY 441 NORTH
LAKE CITY FL 32055



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

2. New Principal Office Address, If Applicable

RT 16 BOX 388861

Suite, Apt. #, etc.

Lake City, FL 3

City & State

32055

Zip

County

Columbia

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2000

5. FEI Number

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 3	City / State / Zip 4
D	HALL, TIMMY	HCO 1 BOX 62 G	WHITE SPRINGS FL 32096
D	BROWN, KAREN	P.O. BOX 2174	LAKE CITY FL 32055
D	THOMAS, SHERRIE G	RT 1 BOX 152-A2 RT 16 BOX 388861	LAKE CITY FL 32055
D	LAW, HOPE	RT 1 BOX 166	LAKE CITY FL 32055
D	Feagle, Donald JR	RT 1 BOX 162	Lake City, FL 32055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, SHERRIE G
RT 1 BOX 152-A2 HWY 441 NORTH
LAKE CITY FL 32055

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
TREASURER
REGISTERED AGENT MUST SIGN

Date 10/18/01

11. 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/01

Daytime Phone #

RT 1 Box 152-A2
Lake City, FL 32055

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Deep Creek Community Recreational Center, Inc.

October 16, 2001

Florida Department of State: Division of Corporation

Dear Sir or Madam:

We received a letter of revocation for our corporation on October 15, 2001. We would like to request that any penalty fees be waived, due to the fact that we did not receive a letter prior to this date. We returned our initial form along with payment of \$61.25, written on check number 733897, dated on March 23, 2001.

In addition, we would like to make a change to our officers: Please remove Karen Brown as an officer, and replace her with Donald Feagle Jr. I have made the changes on the form that is enclosed.

If there is a need for more information, please contact me at (386) 755-6975.

Sincerely,



Hope Law
Treasurer