

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N05000010588*

1. Corporation Name

*The St. Johns County Fair
Association, Inc.*

2. Principal Office Address - No P.O. Box #

5840 State Rd 207

Suite, Apt. #, etc.

City & State

ELKton, FL

Zip

32033

Country

St Johns

3. Mailing Office Address

5840 State Rd 207

Suite, Apt. #, etc.

City & State

ELKton, FL

Zip

32033

Country

St Johns

800122545978

*04/08/08--01015--004 **450.00*

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/04

5. FEI Number

34-2005886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred Springer

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

5965 State Rd 207

Suite, Apt. #, Etc.

City

ELKton

State

FL

Zip Code

32033

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Fred Springer

REGISTERED AGENT MUST SIGN

Date

4/3/08

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 |
|------------|--------------------------------------|---|--------------------------------|
| <i>P</i> | <i>Fred Springer</i> | <i>5965 State Rd. 207</i> | <i>ELKton, FL 32033</i> |
| <i>S/T</i> | <i>Chuck Stevens</i> | <i>701 Hansen Rd.</i> | <i>St. Augustine, FL 32086</i> |
| <i>VP</i> | <i>Harry Waldron</i> | <i>118 Colon Ave.</i> | <i>St. Augustine, FL 32086</i> |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

Fred Springer *4/3/08* *904-692-4603*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #