

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -9 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05007

1. Corporation Name

Downtown Development Corporation of  
Brooksville

2. Principal Office Address

11 North Main Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34601

Country

USA

3. Mailing Office Address

11 North Main Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34601

Country

USA

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

09-06-1984

5. FEI Number

59-2599028

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

T. Jennene Norman

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

20 South Broad Street

Suite, Apt. #, Etc.

City

Brooksville, Florida

State  
**FL**

Zip Code

34601

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

T. Jennene Norman

REGISTERED AGENT MUST SIGN

Date 02-06-01

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
<u>P/D</u>	<u>T. JENNENE NORMAN</u>	<u>20 South Broad Street</u>	<u>Brooksville, FL 34601</u>
<u>V/D</u>	<u>SHERRY MCINTYRE</u>	<u>P.O. Box 484</u>	<u>Brooksville, FL 34605</u>
<u>T/D</u>	<u>MARY BETH GARY</u>	<u>18 NORTH Broad Street</u>	<u>Brooksville, FL 34601</u>
<u>S/D</u>	<u>LAURA WEVER</u>	<u>100 NORTH BROOKSVILLE AVENUE</u>	<u>Brooksville, FL 34601</u>
<u>D</u>	<u>ROBERT BUCKNER</u>	<u>11 NORTH MAIN STREET</u>	<u>Brooksville, FL 34601</u>

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:

T. Jennene Norman

T. JENNENE NORMAN

02-06-01

Date

Daytime Phone #

(352)

796-8200

CR2E081 (9/00)