

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 2:05

DOCUMENT # N06000000138

1. Corporation Name

Leesburg Sesquicentennial, Inc.

REINSTATEMENT 07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
420 W. Main Street

Suite, Apt. #, etc.

City & State
Leesburg, FL

Zip
34748

Country
USA

3. Mailing Office Address
420 W. Main Street

Suite, Apt. #, etc.

City & State
Leesburg, FL

Zip
34748

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/06/2006

5. FEI Number 20-4071996

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
Jim Archey

Street Address (P.O. Box Number is Not Acceptable)
1514-B Vine Street

Suite, Apt. #, Etc.

City
Leesburg

State
FL

Zip Code
34748

☐ 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.

11/14/07--01003--022 **245.00

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

REGISTERED AGENT MUST SIGN

Date

11/7/2007

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
P/D	Jim Miller	1300 W. North Blvd.	Leesburg, FL 34748
T/D	Gerald B. Galbreath	420 Main Street	Leesburg, FL 34748
D	John L. Johnson	PO Box 490842	Leesburg, FL 34749
D	Jim Hill	1204 8th Street	Leesburg, FL 34748
D	Ron Wallace	212 E. Main Street	Leesburg, FL 34748
D	Carman Cullen	Dabney School-Dixie Hwy.	Leesburg, FL 34748

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Miller, President

Date

11/3/07

(352) 787-6966

Daytime Phone #