

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

04 FEB 26 AM 8:00

DOCUMENT # **NO6077**

1. Corporation Name **TUSCOLA UNITED CHEROKEE  
TRIBE OF FLORIDA.**

**REINSTATEMENT 86-04**

2. Principal Office Address **730 Lake Harney Hts Rd.**  
Suite, Apt. #, etc.

3. Mailing Office Address **730 Lake Harney Hts Rd.**  
Suite, Apt. #, etc.

City & State **Geneva Florida**  
Zip **32732** Country **USA**

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Zip **32732** Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **11-08-1984**

5. FEI Number **42-1618350** ☒ Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **HOWARD KEVIN RHODEN**

Street Address (P.O. Box Number is Not Acceptable)  
**730 Lake Harney heights Road**

Suite, Apt. #, Etc.

City **Geneva**

State **FL** Zip Code **32732**

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 **Howard Kevin Rhoden**  
REGISTERED AGENT MUST SIGN

Date **02-23-2004**

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
VD	Gene Anderson	780 Lake Harney Road	Geneva, Fla. 32732
SD	Cindy Cook	316 Graham Ave.	Oviedo, Fla 32765
PD	Howard Rhoden	730 Lake Harney Hts Rd.	Geneva, Fla. 32732

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:

**Howard Kevin Rhoden**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-23-2004** **407-349-5257**  
Date Daytime Phone #

CR2001 (01/01)