

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**- APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 2:17

DOCUMENT # N06968

1. Corporation Name

MICANOPY AREA RECREATION CO-OPERATIVE, INC.

Principal Place of Business

P.O. BOX 203
MICANOPY FL 32667
US

Mailing Address

P.O. BOX 203
MICANOPY FL 32667
US



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1985

5. FEI Number

59-2932010

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
PD	SHEFFIELD, MICHELLE	PO BOX 560	MCINTOSH FL 32664
VPD	ALFORD, JOY	PO BOX 267	MICANOPY FL 32667
SD	BLAIR, ESTHER	RT 2 BOX 117	MICANOPY FL 32667
T	HILL, CAROL	RT 2 BOX 987	MICANOPY FL 32667

AS 11/28

200003483492--7
-12/04/00--01001--007
****183.75 ****183.75

8. Name and Address of Current Registered Agent

HILL, CAROL
RT 2 BOX 987
MICANOPY FL 32667

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

Date

11-9-00

REGISTERED AGENT MUST SIGN

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 REQUIRED

11-9-00

352-466-4098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #