

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13656

1. Corporation Name

OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

Mailing Address

HWY 90 W
CRESTVIEW FL 32536
US

P.O. BOX 637
CRESTVIEW FL 32536
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1986

5. FEI Number

59-1174237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	TILLERY, DONALD KUPFER, RICHARD	12300 COOPER RD 114 KIPLING DRIVE	HOLT FL CRESTVIEW FL 32539
VD	KUPFER, RICHARD GILCHRIST, EDWARD	114 KIPLING DRIVE 5341 CONSTITUTION RD	CRESTVIEW FL 32539
TD	GARROLL, ERNEST TOBIAS, JOHN	6099 ROBIN RD 5292 GRIFFITH MILL RD	CRESTVIEW FL BAKER FL 32531
			600002701826--0
			12/03/98 81067 885
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

CARROLL, JERRY
6123 BUCKWARD ROAD
BAKER FL 32531

9. Name and Address of New Registered Agent

Name Jerry Carroll
Street Address (P.O. Box Number is Not Acceptable)
6123 Buckward RD.
Suite, Apt. #, Etc.
Baker,
City Baker State FL Zip Code 32531

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

Jerry L. Carroll HIRED
REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

RICHARD J. KUPFER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-98
Date

850-689-1475
Daytime Phone #

CR2ED040 (9/98)