

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -3 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13656

1. Corporation Name

OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

HWY 90 W
CRESTVIEW FL 32536
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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	4 City / State / Zip
PD	KUPFER, RICHARD	114 KIPLING DR.	CRESTVIEW FL 32539
VD	GILCHRIST, EDWARD	5341 CONSTITUTION DR.	CRESTVIEW FL 32539
TD	TOBIAS, JOHN	5202 GRIFFITH MILL RD.	BAKER FL 32531
D	DONALD TILLERY	P.O. Box 486	HAROLD, FL 32563
D	BROWN, ARTHUR	PO Box 71	HOLT, FL 32564
D	ERNEST STONE	534 Risen St	crestview, FL 32539

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

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

Suite, Apt. #, Etc.

City

800003130378-9

-02/10/00-01007-007

****297.50 State ****297.50

FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

10/14/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR A. BROWN SECRETARY

10-14-99

Date

Daytime Phone #

(850) 682-9543

KE