

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

05 AUG 29 PM 1:37

DOCUMENT # 015196

1. Corporation Name

Marion County Historical Association, Inc.

2. Principal Office Address

2230 S.E. 8th Street

Suite, Apt. #, etc.  
—

City & State

OC212, FL2

Zip

34471-2693

Country

Marion

3. Mailing Office Address

P.O. Box 5002

Suite, Apt. #, etc.  
—

City & State

OC212, FL2

Zip

34478

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

May 5, 1986

5. FEI Number

59-2700978

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

David Cook

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

7110 SW 27th Ave.

Suite, Apt. #, Etc.  
—

City

OC212

State

FL

Zip Code

34476

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

David Cook

Date 8-19-05

REGISTERED AGENT MUST SIGN

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	David Cook	7110 SW 27th Ave.	OC212, FL2 34476
V/D	Margie Karow	P.O. Box 114	McIntosh, FL2 32664
S/D	Helen Richard	2230 S.E. 8th St.	OC212, FL2, 34471
T/D	David Ellspermann	P.O. Box 1030	OC212, FL2, 34478
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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:

David Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-05

Date

352-237-2535

352-622-7670

Daytime Phone #