

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N15867

1. Corporation Name

THE HOLMES VALLEY BAND OF CREEK INDIANS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

929 HWY 277  
CHIPLEY FL 32428  
US

929 HWY 277  
CHIPLEY FL 32428  
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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

07/15/1986

5. FEI Number

59-2720194

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAWN E. PRAYTOR	10520 WILLOW LAKE DRIVE PENSACOLA FL 32506	PENSACOLA FL 32506
SD	SHUMAKER, W T	940 HWY 277	CHIPLEY FL 32428
D	MOLLIE T. SHUMAKER	940 HWY 277	CHIPLEY FL 32428
D	GYLNELLE MASHBURN	618 N. 6TH STRET	CHIPLEY FL 32428
TMD	WILLIAM E. SHUMAKER	929 HWY 277	CHIPLEY FL 32428
VD	DANIEL E. SHUMAKER	929 HWY 277	CHIPLEY FL 32428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRAYTOR, ROBERT D  
10520 WILLOW LAKE DR  
PENSACOLA FL 32506  
600003028316--6  
-10/28/99--01072--009

Name  
LORENA J SHUMAKER  
Street Address (P.O. Box Number is Not Acceptable)  
929 HWY 277  
Suite, Apt. #, Etc.  
City  
CHIPLEY  
State  
FL  
Zip Code  
32428

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Lorena J Shumaker  
REGISTERED AGENT MUST SIGN

Date Oct 16, 1999

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: William E Shumaker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 16, 1999 850-638-0677  
Date Daytime Phone #