

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N17374**

1. Corporation Name

**Intergroup District 17, Inc.**

2. Principal Office Address - No P.O. Box #

**3666 N.E. 25th Street**

3. Mailing Office Address

**3666 N.E. 25th Street**

Suite, Apt. #, etc.

**A**

Suite, Apt. #, etc.

**A**

City & State

**Ocala, Florida**

City & State

**Ocala, Florida**

Zip

**34470**

Country

**USA**

Zip

**34470**

Country

**USA**

**REINSTATEMENT**

**989-2007**

**W070000 34731**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**October 17, 1986**

5. FEI Number

**59-3408982**

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

**Cyndi Calvo**

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

**3666 N.E. 25th Street**

Suite, Apt. #, Etc.

**A**

City

**Ocala**

State

**FL**

Zip Code

**34470**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**200108204292**

**08/17/07--01004--012 \*\*70.00**

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

**Cyndi Calvo**

REGISTERED AGENT MUST SIGN

Date **07/09/2007**

**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
C	Cyndi Calvo	1941 S.E. 51 Terrace	Ocala/Florida/34471
VC	Kevin Grinnell	1726 N.W. 119th Court	Ocala/Florida/34471
S	Ken Ward	12 Carry Back Road	Ocala/Florida/34482
T	Ken Ward	12 Carry Back Road	Ocala/Florida/34482
MAL	Bonnie Morris	2306 S.E. 20th Circle	Ocala/Florida/34471

**000106340870**  
**07/18/07--01040--006 \*\*1277.50**

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 contained in Chapter 119, 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:

**Cyndi Calvo** **CYNDI CALVO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/07**

Date

Daytime Phone #

**352-867-0660**