

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N20008

1. Corporation Name

The Martin And Cletis Milling Foundation, Inc.

2. Principal Office Address - No P.O. Box #  
512 SE 3rd Street

3. Mailing Office Address  
Post Office Box 670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip 34471

Country US

Zip 34478

Country US

**7. Name and Address of Current Registered Agent**

Name

Marty Smith

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

101 S.W. 3rd Street

Suite, Apt. #, Etc.

City Ocala

State  
FL

Zip Code  
34471

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

*[Handwritten Signature]*

Date 3-31-10

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Additional Dir. Attached

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Chester Gregory	512 SE 3rd Street	Ocala, FL 34471
TD	Cindy Saunders	512 SE 3rd Street	Ocala, FL 34471
S	Leona Patterson	512 SE 3rd Street	Ocala, FL 34471
D	George Tomy	512 SE 3rd Street	Ocala, FL 34471
D	Jim Wohrley	512 SE 3rd Street	Ocala, FL 34471
D	Michelle Lewis	512 SE 3rd Street	Ocala, FL 34471

10. E-mail Address: CMS@bap-law.com

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

3-31-10 352-221188

FILED  
10 APR -2 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800174298308  
04/02/10--01032--020 \*\*420.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified To Do Business in Florida 04/07/87

5. FEI Number 596891975  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ 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.

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REINSTATEMENT**



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Zip

Country

CR2E081 (11/09)

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5. FEI Number

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

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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Signature of  
Registered Agent

Date

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
D.	Kathy Quelland	512 SE 3rd Street	Ocala, FL 34471
D	Rick Lankford	512 SE 3rd Street	Ocala, FL 34471
D	Jayne Ellsperman	512 SE 3rd Street	Ocala, FL 34471

10. E-mail Address:

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Date

Daytime Phone #