

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 PM 12:28

DOCUMENT #

N28266

1. Corporation Name

THE Greater Ocala Advertising Federation, Inc

2. Principal Office Address

P.O. Box 2961

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

SAME

Zip

34478

Country

MARION

Zip

34478

Country

Marion

REINSTATEMENT

99-01

02-26-99 90010 613 \$61.2

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

59-2970031

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

Brenda Edwards

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

104 SW Broadway St

Suite, Apt. #, Etc.

City

Ocala

8000004434848-2

-06/21/01--01033--009

****297-50 ****297-50

State

FL

Zip Code

34474

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

Brenda Edwards

REGISTERED AGENT MUST SIGN

Date

5/4/01

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
1-D	Mary Verrando-Higgins	1920 SW 12 Ave	Ocala, FL 34474
1-D	Valerie Kruse	104 SW Broadway St	Ocala, FL 34474
1-D	Fred Mullen	3231 SW 34 Ave	Ocala, FL 34474

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:

Valerie Kruse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-3-01

Date

352-368-1612

Daytime Phone #

CR2E081 (9/00)