

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 29 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N34730

1. Corporation Name  
Fort White Community  
For Historic Preservation, Inc

Principal Place of Business Mailing Address

Rt. 3, Box 1170  
Ft. White, FL 32038

REINSTATEMENT

95-98  
AD

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Rt. 3, Box 1170		Oct. 17, 1989	
City & State		City & State		5. FEI Number	
Ft. White, FL		Ft. White, FL		59-2496482	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
32038	USA				

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Joan Shelton	Scott Street	Ft. White, FL 32038
Sec.	B. Annette Lindsey	County Rd 18, Quail Dr.	Ft. White, FL 32038
Treas.	Jim Lance	SR 47, Well Street	Ft. White, FL 32038
Dir	Carol Chidlow	Wilson Springs Rd.	Ft. White, FL 32038
Dir	Edward Hutson, Jr	County Rd 18, Quail Dr	Ft. White, FL 32038
Dir	Yvonda Robinette	Wilson Springs Rd, Oak Rd	Ft. White, FL 32038

8. Name and Address of Current Registered Agent

Joel Glenn  
P.O. Box 217  
Ft. White, FL 32038

9. Name and Address of New Registered Agent

Name  
Joan Sheldon  
Street Address (P.O. Box Number is Not Acceptable)  
Rt. 2, Box 9122  
Suite, Apt. #, Etc.  
City  
Ft. White  
State  
FL  
Zip Code  
32038

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
Joan Sheldon  
REGISTERED AGENT MUST SIGN

Date 4-21-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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05/05/98 01101-007

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12. 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: B. Annette Lindsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-98

Date

352 392-8982

Daytime Phone #

CR2E040 (1/96)