

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -2 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45875**

1. Corporation Name

Belleview Dixie Youth, Inc

100003829451--7
-03/09/01--01143--006
****428.75 ****428.75

2. Principal Office Address

P.O. Box 550

Suite, Apt. #, etc.

City & State

Belleview, FL

Zip

34421

Country

Marion

3. Mailing Office Address

P.O. Box 550

Suite, Apt. #, etc.

City & State

Belleview, FL

Zip

34421

Country

Marion

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 20, 1991

5. FEI Number

59-3103937

☒ **Apply Fee**
☐ **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

William K. McAteer

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

25 Almond Dr. Tr.

Suite, Apt. #, etc.

City

Ocala

State

FL

Zip Code

34472

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

William K. McAteer

Date **2-21-01**

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
President	Ronald B. Gay (D)	3951 SE 103rd Ln	Belleview, FL 34420
Vice President	Miss M. R. Denker (D)	12130 SE 47th Ave.	Belleview, FL 34420
Secretary	Bonnie E. Andrews (D)	14145 S US Hwy 301	Summerfield, FL 34491
Treasurer	William K. McAteer (D)	25 Almond Dr. Tr.	Ocala, FL 34472

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:

William K. McAteer

William K. McAteer 2-21-01 (352)-624-3697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

CR2E081 (9/99)