PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 17 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000014

1. Corporation Name

HABITAT FOR HUMANITY OF BRADFORD COUNTY, FLORIDA, INC.

Principal Place of Business / Mailing Address

100 W. CALL ST.
STARKE, FL 32091

REINSTATEMENT 95-99

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
986 N. TEMPLE AVE	986 N. Temple Ave
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: STARKE FL	City & State: STARKE FL
Zip: 32091 Country: USA	Zip: 32091 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: Nov 19, 1992

5. FEI Number: ✓ Applied For / Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir	Scott Ricketts	986 N. TEMPLE AVE	STARKE, FL 32091
Dir	Jerry Williams	100 W. CALL ST	STARKE, FL 32091
Dir	Jeff Ooly	515 EAST JACKSON ST	STARKE, FL 32091
Dir	John Cooper	100 W. CALL ST	STARKE, FL 32091

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8. Name and Address of Current Registered Agent

JOHN S. COOPER
100 W. CALL ST
STARKE, FL 32091

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E061 (12/96)

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: _____ Date: 11/16/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.) KE

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: _____ 11/16/99 Date 904/964-4701 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR