

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N92000000722

1. Corporation Name

WAUCHULA BOARD OF REALTORS, INC.

Principal Place of Business

234 S 6TH AVE
WAUCHULA FL 33873
US

Mailing Address

234 S 6TH AVE
WAUCHULA FL 33873
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1992

5. FEI Number

65-0413826

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
DST	WRIGHT, LEIGH R	234 S 6TH AVE	WAUCHULA FL
VP	SELLERS, JAMES K See, James V. Jr.	107 E. MAIN ST. 234 S. 6th Ave	WAUCHULA FL 33873 Wauchula, FL 33873
DP	KNIGHT, FREDERICK M Stallings, James L.	234 S. 6TH AVE 1608 Kazen Road	WAUCHULA FL Wauchula, Florida 33873
D	DAVIS, JOE L JR.	234 S. 6 AVE.	WAUCHULA FL 33873
P	SEE, TOPSY	JOE DAVIS SUBDIVISION	WAUCHULA FL 33873
	ROBERTS, LAWRENCE A	220 NORTH 6 AVE	WAUCHULA FL 33873

8. Name and Address of Current Registered Agent

WRIGHT, LEIGH R
234 S 5TH AVE
WAUCHULA FL 33873

234 S. 6TH AVE

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number last and first)

Suite, Apt.

City

State

Zip Code

FL

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

Leigh R. Wright
REGISTERED AGENT MUST SIGN

Date

10/22/97

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

Yes ☐ No ☐

(See other side for information on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-97

(941) 773-3554



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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