

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300012459403

02/19/03--01032--015 **297.50



REINSTATEMENT 02/03

DOCUMENT # N93000001490

1. Corporation Name

UNION COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business

175 W. MAIN ST.
LAKE BUTLER FL 32054

Mailing Address

175 W. MAIN ST.
LAKE BUTLER FL 32054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1993

5. FEI Number

59-3163681

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 3	City / State / Zip 4
P	MECUSKER, DAVID	RT 4 BOX 2631	LAKE BUTLER FL 32054
VP	NORTH, CINDY	290 NE FIRST AVENUE	LAKE BUTLER FL 32054
ST	BEARDEN, JOAN	10010 SW 52 ROAD	GAINESVILLE FL 32608
D	DRIGGERS, MARJORIE ,	250 NW 3RD STREET	LAKE BUTLER FL 32054
D	BEARDEN, JOAN	10010 SW 52 ROAD	GAINESVILLE FL 32608
D	RIVERS, WILSON	RT 4 BOC 3054	LAKE BUTLER FL 32054

8. Name and Address of Current Registered Agent

RIVERS, WILSON S
RT 4 BOX 3054
LAKE BUTLER FL 32054

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Wilson S. Rivera

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/27/03

11. 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:

David Mecusker
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 386-496-6000

Date

Daytime Phone #

CR20040 (8/02)