

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004092

1. Corporation Name **Skidmore Association, Inc.**

2. Principal Office Address - No P.O. Box #

639 Cypress Gardens Blvd.

Suite, Apt. #, etc.
#526

City & State

Winter Haven, FL

Zip Country
33884 USA

3. Mailing Office Address

639 Cypress Gardens Blvd.

Suite, Apt. #, etc.
#526

City & State

Winter Haven, FL

Zip Country
33884 USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/1993

5. FEI Number
593246546

Applied For
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

Robert C. Chilton, Esq.

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

99 Sixth Street S.W.

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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

REGISTERED AGENT MUST SIGN

Date **5/27/10**

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
P/T/D	Daniel T. Arnold	35 Skidmore Road	Winter Haven, FL 33884
VP/D	George Trenen Bush	17 Skidmore Road	Winter Haven, FL 33884
S/D	Bea Richardson	27 Skidmore Road	Winter Haven, FL 33884

10. E-mail Address: **DARNOLD@WGROE.COM**

(To be used for future annual report notification)

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. I further certify, 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 **5/27/10**

Daytime Phone # **883-412-8700**

FILED

10 JUN -1 PM 4:42

SECRET
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REINSTATEMENT

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