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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 # *NA3-5096*

1. Corporation Name

The Central Florida Conference, Inc

Principal Place of Business

Mailing Address

*101 East Union Street Suite 301
Jacksonville, FL 32202*

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Zip

Country

Zip

Country

530204696

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>C</i>	<i>Thomas B. DeSue</i> <i>Cummins Frank C</i>	<i>101 East Union St Suite 301 Jacksonville FL 32202</i> <i>11857 Honeyloft Dr Jacksonville FL 32223</i>	<i>Jacksonville FL 32202</i> <i>Jacksonville FL 32223</i>
<i>D</i>	<i>Mitchell, Robert L</i>	<i>2323 Courtney Dr</i>	<i>Jacksonville FL 32208</i>
<i>D</i>	<i>Green, Samuel L</i>	<i>4087 Covington Street</i>	<i>Orlando, FL 32811</i>
<i>D</i>	<i>Sneed L. W.</i>	<i>2260 SW. 80th Ave</i>	<i>Ocala, FL 32674</i>
<i>D</i>	<i>Daniels, R.D</i>	<i>2133 Pruitt St</i>	<i>Leesburg FL 32749</i>
<i>D</i>	<i>Sykes, James D</i>	<i>P.O. Box 4118 N/A</i>	<i>Ocala, FL 34478</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas B. DeSue
101 East Union St. Suite 301
Jacksonville FL 32202

Name

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

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.

Signature of
Registered Agent

Thomas B. DeSue

REGISTERED AGENT MUST SIGN

Date

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:

Thomas B. DeSue

Thomas B. DeSue (02) 17/98 (904) 355 8242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (1/98)