

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 AM 9:42

DOCUMENT # N93000005126

1. Corporation Name

MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY,
INC.

Principal Place of Business

Mailing Address

27 PALM CIRCLE
AVON PARK FL 33825

P O BOX 1621
SEBRING FL 33870
US



REINSTATEMENT DO

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

11/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0444636

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MCCAHEE, SELVIN LEE Sr., DESI L.	PO BOX 1302 800 Garland Ave.	SEBRING FL 33872
SD	SMITH, DOUGLAS	4614 SANTA BARBARA DR	SEBRING FL 33872
FS	HUNT, MARVIN	901 SOUTH LOTELA AVE.	AVON PARK FL 33825
FS	WILLIAMS, NATHANIEL	1713 LAKE LOTCIA DR	AVON PARK FL 33825
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8. Name and Address of Current Registered Agent

HUNT, MARVIN
901 SOUTH LOTELA AVENUE
AVON PARK FL 33825

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.

Signature of
Registered Agent

Date

10/15/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Hunt

Date

10/15/00

Daytime Phone #

(863) 452-1622