

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005177

1. Corporation Name

Sumter County Historical Society, Inc.

2. Principal Office Address 2330

CR-478A

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1621

Suite, Apt. #, etc.

City & State

Webster, FL

City & State

Webster, FL

Zip

33597

Country

US

Zip

33597

Country

US

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TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

593215637

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

Candy Strong

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

~~PO Box 1551~~ 9215 CR 623

Suite, Apt. #, Etc.

City

Bushnell

State

FL

Zip Code

33513

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

Candy Strong

REGISTERED AGENT MUST SIGN

Date

2/25/06

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
PD	Donna Salzman	2330 CR 478-A	Webster FL 33597 US
VD	Carolyn Shaw	PO Box 1	Bushnell FL 33513 US
STD	Candy Strong	PO Box 1551	Bushnell FL 33513 US

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10. 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 contained in Chapter 119, 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:

Candy Strong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/06

Daytime Phone #