

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 AUG -2 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **7940000D1098**

1. Corporation Name

Newberry Watermelon Festival, Inc.

2. Principal Office Address

3. Mailing Office Address

**2829 S.W.
P.O. Box 929 SR 45**

P.O. Box 929

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newberry, FL

Newberry, FL

Zip

Country

Zip

Country

32669

USA

32669

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

59-3232511

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

Cindy G. Bass

100003364221-5

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

P.O. Box 2829 S.W. SR 45

-08/18/00--01048--019

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

Cindy G. Bass

REGISTERED AGENT MUST SIGN

Date

5-18-2000

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
President	Kindra McGehee	P.O. Box 896	Newberry, FL 32669
Treasurer	Cindy G. Bass	2829 S.W. SR 45	Newberry, FL 32669
Secretary	Kathi L. Thomas	23301 W. Newberry Rd	Newberry, FL 32669
D	Joyce McKoy	P.O. Box 215	Newberry, FL 32669
D	Linda Getzen	P.O. Box 876	Newberry, FL 32669
D	Pattison	P.O. Box 548 Newberry, FL	32669

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 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:

Cindy G. Bass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2000 352-472-2757

Date

Daytime Phone #

CR2E081 (9/99)