

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NG4000002099

1. Corporation Name

SPRINGHILL FOOD CONCERN CITIZEN GROUP, INC.

Principal Place of Business

Mailing Address

MARVIN GRAY

RT. 16 Box 8060
TALLAHASSEE, FLA 32310

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

4-27-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DELUIS GRAY	RT. 16 Box 8068	TALL. FLA. 32310
VD	MARYIN GRAY	RT. 16 Box 8060	" " "
P.D.	JIMMY MEELS	RT. 16 Box 9050	" " "
D	RICKY REGISTER	RT 16 Box 8071	" " "
D	QUINTON VAUGHAN	RT 16 Box 5970	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARYIN GRAY
RT. 16 Box 8060
TALLAHASSEE, FLA.

Name

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

800002706563-8

Suite, Apt. #, Etc.

-12/09/98-01005-005

City

****420.00

State

Zip Code

FL

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

Marvin C. Gray

REGISTERED AGENT MUST SIGN

Date 12-7-98

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:

MARVIN C. GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-7-98

Daytime Phone #

576-4845