

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FOR 96-97

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY 13 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9400002910

1. Corporation Name

Spec Martin Stadium Renovation, Inc.

Principal Place of Business

Mailing Address

4168 N. Grand Avenue
DeLand, FL 32720

Post Office Box 4523
DeLand, FL 32720

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

145 East Rich Avenue
Suite, Apt. #, etc.

Post Office Box 1116
Suite, Apt. #, etc.

City & State

City & State

DeLand, FL

DeLand, FL 32721-1116

Zip

Country

Zip

Country

32724

Volusia

32721-1116

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/94

5. FEI Number

Applied For

59-3256809

Not Applicable

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) 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
P/D	Bob Apgar	501 North McDonald	DeLand, FL 32724
VP/D	Jeff Altier	508 North Kansas	DeLand, FL 32724
ST/D	William Bailey	408 East Rich Avenue	DeLand, FL 32724

REINSTATEMENT

96-97
A. Man
5/13/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dykes, Joe G. (Jr.)
145 East Rich Avenue
DeLand, FL 32724

Name

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

Suite, Apt. #, Etc.

City

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

Joe G. Dykes, Jr.

Date May 9, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Robert Apgar, President/Director

May 9, 1997

Date

Daytime Phone #

CR2E040 (12/96)