

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 AUG 15 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004809

1. Corporation Name

CALADIUM FESTIVAL  
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24 INTERLAKE BLVD.  
LAKE PLACID, FL  
33852

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 2203  
Suite, Apt. #, etc.

City & State

Zip

Country

LAKE PLACID, FL  
33862 HIGHLANDS

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1994

5. FEI Number

65-0672589

Applied For

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)

| 1<br>Title(s)              | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|----------------------------|---|--|-------------------------|
| PD                         | CAROLYN PYPERS                            | % 24 INTERLAKE BLVD  | LAKE PLACID, FL 33852   |
| VD                         | DOROTHY R. BATES                          | % 24 INTERLAKE BLVD  | LAKE PLACID, FL 33852   |
| SD                         | SUELLEN ROBINSON                          | % 24 INTERLAKE BLVD  | LAKE PLACID, FL 33852   |
| TD                         | DAVID S. GREGORY                          | % 24 INTERLAKE BLVD  | LAKE PLACID, FL 33852   |
| REINSTATEMENT <u>96-97</u> |   |  |                         |

8. Name and Address of Current Registered Agent

SUELLEN ROBINSON  
24 INTERLAKE BLVD.  
LAKE PLACID, FL 33852

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400002270914-7

08/19/97-01027-008

\*\*\*\*297.50 \*\*\*\*297.50

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

Suellen Robinson  
REGISTERED AGENT MUST SIGN

Date 8/12/97

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:

DAVID S. GREGORY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. GREGORY, TREASURER

8/12/97  
Date

(941) 465-2453  
Daytime Phone #

CR2040 (12/96)