

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

1996 DEC 31 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004892**

1. Corporation Name

CHAIRES CAPITOLA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

310 CHAIRES CROSS ROAD
TALLAHASSEE FL 32311

Mailing Address

310 CHAIRES CROSS ROAD
TALLAHASSEE FL 32311



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

10/04/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3204068

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SPENCER, DOROTHY C	310 CHAIRES CROSS RD	TALLAHASSEE FL
VP	WRITE, U. J	9107 APALACHEE PIKE	TALL FL
VP	CINDI SEGBERRY JAMES	ELLIS ROAD	TALL FL
S	PALMER, LOIS	RT 32	TALLAHASSEE FL
T	PAULK, BOBBY G	RT 2 BOX 583	TALLAHASSEE FL
D	GOUETT, FRANK	1629 HILL & DALE S	TALL FL
D	DANIELS, CHARLENE	RT 2 BOX 570	TALLAHASSEE FL
D	SUSAN J. PETERS	9600 N. HARSESHOE RD	TALL, FL 32311

8. Name and Address of Current Registered Agent

O'STEEN, J.C.
177 SALEM COURT
TALLAHASSEE FL 32301

600002051856-3
-01/09/97--01014--017
****236.25 ****236.25

9. Name and Address of New Registered Agent

Name **REINSTATEMENT**
Street Address **9600 N. HARSESHOE RD**
Suite, Apt. #, Etc. **12/31/96**
City **TALLAHASSEE** State **FL** Zip Code **32311**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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)(l), 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: **BOBBY G. PAULK**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96
Date

488-9847
Daytime Phone #