

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



LOUISIANA DEPARTMENT OF
Katherine
Secretary of State
DIVISION OF CORPORATIONS

96-00 REI

FILED

00 JAN -4 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001881

1. Corporation Name St. Marks Trail Association, Inc.

W99-2893)

Principal Place of Business
Mr. Leon Nettles, President
St. Marks Trail Association
1022 DeSoto Park Drive
Tallahassee, FL 32301

Mailing Address

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

2. New Principal Office Address, If Applicable
St. Marks Trail Association

3. New Mailing Office Address, If Applicable
Mr. Sonny Timmerman

Suite, Apt. #, etc.
1022 DeSoto Park Drive

Suite, Apt. #, etc.
2206 Ellicott Drive

City & State
Tallahassee, FL 323

City & State
Tallahassee, FL

Zip
32301

Country
Leon

Zip
32312

Country
Leon

REINSTATEMENT 96-00

04/19/95

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NA

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Mr. Leon Nettles (D)	467 Old Magnolia Road	Crawfordville, FL 32327
V.Pres.	Mr. Joe Dexter (D)	2143 Plantation Forest Road	Tallahassee, FL 32311
Secy- Treas.	Ms. Beverly Davis (D)	2206 Ellicott Drive	Tallahassee, FL 32312

8. Name and Address of Current Registered Agent

Mr. Philip Werndli
Department of Environmental Protection
Division of Recreation & Parks
3900 Commonwealth Blvd., M.S. 535
Tallahassee, FL 32399

9. Name and Address of New Registered Agent

Name

Mr. Sonny Timmerman

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

2206 Ellicott Drive

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32312

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

12/14/99

11. This corporation owes 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:

Beverly W. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99
Date

386-6269

386-3935
Daytime Phone #