

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **N95000003317**

1. Corporation Name

**CITRUS COUNTY SEMINOLE CLUB, INC.**

Principal Place of Business

POST OFFICE BOX 3051  
 INVERNESS FL 34451-3051

Mailing Address

POST OFFICE BOX 3051  
 INVERNESS FL 34451-3051

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

APPROVED AND FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**REINSTATEMENT** 9-7-98

4. Date Incorporated or Qualified To Do Business in Florida	07/10/1995
5. FEI Number	59-3331592
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 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
D P	Nattie Clement	808 Lanark Ct.	Inverness, FL 34453
D VP	Cecil Everett	132 S. Sparrow Pt.	Inverness, FL 34450
D T	Carol A. Cate	425 N. Lochview Ter.	Crystal River, FL 34429
S	Michelle Cleary	2785 N. Page Ave.	Hernando, FL 34442

8. Name and Address of Current Registered Agent

SLAYMAKER, THOMAS E  
 2218 HIGHWAY 44 WEST  
 INVERNESS FL 34453

9. Name and Address of New Registered Agent

Name	Phillip W. Price
Street Address (P.O. Box Number is Not Acceptable)	753 N. Citrus Avenue
Suite, Apt. #, Etc.	
City	Crystal River
State	FL
Zip Code	34428

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 *Phillip W. Price* **REQUIRED** Date 11/23/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

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)(f), 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: *Carol A. Cate* **REQUIRED** Carol A. Cate, Treasurer 11/23/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 352-795-9866

CR12040 (8/97)