

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR *96*
REINSTATEMENT



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

APPROVED
AND
FILED

95 NOV 14 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003675**

1. Corporation Name

THE DOME FOUNDATION, INC.



Principal Place of Business

Mailing Address

500 AVENUE R. S.W.
WINTER HAVEN FL 33890

500 AVENUE R. S.W.
WINTER HAVEN FL 33890

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/02/1995 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59 3328 - 918 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |

| 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 |
| PD | ROE, WILLIAM G III | P.O. BOX 900 | WINTER HAVEN FL 33892 |
| TD | MACCONNELL, GEORGE | 122 W. CENTRAL AVENUE | WINTER HAVEN FL 33890 |
| STD | CLARK, TOM | P.O. DRAWER 1380 | WINTER HAVEN FL 33892 |
| D | OUSLEY, PETE | P.O. DRAWER 750 | WINTER HAVEN FL 33892 |
| D | DREW, KEN | 302 6TH STREET N.E. | WINTER HAVEN FL 33381 |
| D | HONER, ANDY | 210 CYPRESS GARDENS BLVD | WINTER HAVEN FL 33890 |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| LOCKWOOD, DOUGLAS A 141 5TH STREET N.W. SUITE 300 WINTER HAVEN FL 33881 | | Name: <i>1996</i> Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: <i>a. ttaw</i> City: <i>11-10-FLP</i> Zip Code: | |

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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: *Oct. 11, 1996*

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *Oct 11, 1996* Daytime Phone #: *911-294-2577*