

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**

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



500002010379--3  
-11/20/96--01115--010  
\*\*\*\*240.00 \*\*\*\*240.00

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

08/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 3328 - 918

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

Zip

Country

Zip

Country

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 1300	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 33891

**REINSTATEMENT**

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

Suite, Apt. #, Etc.

City

State 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Oct 11, 1996 911-294-3577**  
Daytime Phone