

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 FEB 17 11:30 AM

SEC  
TALLA

DOCUMENT # N95000004464

1. Corporation Name

SouthForty Industrial Park Phase II Owners Association, Inc.

2. Principal Office Address

2801 SW College Rd

Suite, Apt. #, etc.

Suite 9

City & State

Ocala, Florida

Zip

34474

Country

USA

3. Mailing Office Address

P.O. Box 206

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/19/95

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID L. MACKAY

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

2801 SW College Road

Suite, Apt. #, Etc.

Suite 9

City

Ocala

000062223920

12/16/05--01031--001 \*\*787.50

000062223920

12/16/05--01031--002 \*\*8.75

State

FL

Zip Code

34474

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

David L. Mackay

REGISTERED AGENT MUST SIGN

Date 12/12/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DAVID L. MACKAY	2801 SW College Rd, #9	Ocala, FL 34474
D	BARRY A. HANSARD	7380 NW 163rd Ct.	Morrison, FL 32668
D	KANDY K. HANSARD	7380 NW 163rd Ct.	Morrison FL 32668

10. 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:

David L. Mackay Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/05 352-237-3800

Date

Daytime Phone #