PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUN 29 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003913

1. Corporation Name

Florida Main Street Association

Principal Place of Business	Mailing Address
824 Elm Forest Dr Clermont Fl 34711	Same

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

REINSTATEMENT
700002578167--7 98
-07/01/98--01100-9002
****297.50 ****297.50

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 824 Elm Forest Dr	Suite, Apt. #, etc.
City & State: Clermont Fl	City & State
Zip: 34711 Country: Lake	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: July 26, 1996

5. FEI Number: 59-3393224 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Sec	Karen Slevin	824 Elm Forest Dr	Clermont Fl 34711
Treas	David Zinet	RT 3 Box 4370	Quincy, Fl 32351-9529
D	Tom Fleming	187 NE Pineapple Way	Delray Beach Fl 33444
D	Gail Hamilton	14138 6th Street	Dade City, Fl 33525
D	Neil Fritz	200 S Biscayne Blvd	Miami, Fl 33131

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Lou Tally 3900 Lake Center Dr Suite A-4 Mt Dora. Fl 32757	Name: Karen Slevin Street Address (P.O. Box Number is Not Acceptable): 824 Elm Forest Dr Suite, Apt. #, Etc.: City: Clermont State: FL Zip Code: 34711

CR2E040 (1/98)

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: Ken Slevin (REGISTERED AGENT MUST SIGN) Date: 6-19-98

11. This corporation owes or has paid 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: Ken Slevin Karen Slevin — 6-19-98 — 407-931-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #