

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001456

1. Corporation Name

FLORIDA'S FRESHWATER FRONTIER, INC.

Principal Place of Business

Mailing Address

1103 US 27 SOUTH
SEBRING FL 33870

POST OFFICE BOX 1196
SEBRING FL 33871



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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0768427

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33875-6041

33871-1196

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 3	City / State / Zip 4
CD D	BRYANT, MINOR L	1685 STATE ROAD 62	BOWLING GREEN FL 33834
VCD	JONES, K S "BUTCH"	GALDES CO COURTHOUSE HWY 27 & 5T Glades	MOORE HAVEN FL 33471
D	MARKHAM, LOWREY	401 SO PARROTT AVE.	OKEECHOBEE, FL FL 34974
STD	GOSE, JAMES L	2911 NE LAKEVIEW DR	SEBRING FL 33870
D CD	ALLEN, ROBERT R	12 SOUTH 12TH ST	ARACADIA FL 34266
D	MECHLIN, JEFFREY	98 NORTH FORREST AVE	AVON PARK FL 33825

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEALE, BETTY J
1103 US 27 SOUTH
SEBRING FL 33870

Name

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

5813 Olive Rd

Suite, Apt. #, Etc.

City

10/26/00-01057-023

****236-25 ****236-25

State Zip Code

FL

33875-6041

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

Betty Neale

Date 10/13/2000

REGISTERED AGENT MUST SIGN

11. 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

James L. Gose, Secretary/Treasurer

10/13/2000

Date

863-385-2206

Daytime Phone #

CR2E040 (8/00)