

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N97000005826**

1. Corporation Name

INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.

Principal Place of Business

100 E. AIRPORT AVE.
VENICE FL 34285

Mailing Address

100 E. AIRPORT AVE.
VENICE FL 34285

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

2. Old Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1997

5. FEI Number

65-0875226

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)

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
DP	JACOB, COY G	321 SUNRISE DR.	NOKOMIS FL 34275
DV	HELTERBRAN, DOUGLAS C PROTTER, HAROLD E.	3711 DEL PRADO BLVD. #8 6940 WASHINGTON	CAPE CORAL FL 33904 ST. LOUIS MO 63130
DS	BERTORELLI, PAUL C	P.O. BOX 309 (NA)	NEWTOWN CT 06470
DT	KEYES, GERALD E	514 BAYVIEW PKWY.	NOKOMIS FL 34275
D	MARVIN, JAMES	1 MEADOW LINK DR.	PADUCAH KY 42001
D	LINCKS, JOHN	P.O. BOX 1000 3030 GREYCLIFF WAY	MILFORD PA 18332

8. Name and Address of Current Registered Agent

KEYES, GERALD E
333 W. MIAMI AVE.
VENICE FL 34285

9. Name and Address of New Registered Agent

Name

Street Address of New Registered Agent

Suite, Apt. #, Etc.

City

REINSTATEMENT 9/8/99 TS

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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 MUST SIGN

Date 9/14/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COY JACOB 9/2/99 941-484-0801

Date

Daytime Phone #