


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION Open REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N98000000693**

1. Corporation Name

FORT WHITE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

RT 3 BOX 1000
FORT WHITE FL 32038

Mailing Address

P.O. BOX 634
FORT WHITE FL 32038

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

5. FEI Number

59-3489252

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	RILEY, PATRICIA	RT. 9 BOX 2316	LAKE CITY FL 32024
VSD	WILBUR, GARY	RT 1 BOX 1586	O'BRIEN FL 32071
TD	LANCE, JIM	RT. 4 BOX 914	FORT WHITE FL 32038
D	WILLIAMS, JOAN	4141 NW 37TH PL	GAINESVILLE FL 32606

8. Name and Address of Current Registered Agent

RILEY, PATRICIA
RT. 9 BOX 2316
LAKE CITY FL 32024

9. Name and Address of New Registered Agent

Name **GARY J. WILBUR**
Street Address (P.O. Box Number is Not Acceptable)
RT 1 Box 1586
Suite, Apt. #, Etc.
City **O'BRIEN** State **FL** Zip Code **32071**

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

REGISTERED AGENT MUST SIGN

Date **10-24-01**

11. I certify that I am an officer, director 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

GARY J. WILBUR

Date **10-24-01**

Daytime Phone #

386-497-4882

Fort White Area Chamber of Commerce
"Home of the Ichetucknee River"

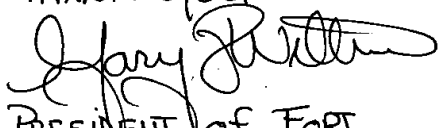
P.O. Box 634 Fort White, Florida 32038

904-462-8277

10-23-01

DEAR SIR:

THIS LETTER IS A REQUEST TO WAVE OUR REINSTATEMENT FEE. OUR ANNUAL REPORT FEE OF 61.25 WAS SENT IN ON 4-24-01. DUE TO AN OVERSIGHT THE CHECK HAD TO BE MAILED BACK AND THEN RETURNED. OUR APPLICATION THEN WAS REJECTED AGAIN WHEN WE WANTED TO CHANGE OFFICERS NAMES AND THEIR ADDRESSES, THIS INFORMATION WAS SENT BACK TO YOU, AND THAT WAS THE END OF IT. UNTIL WE RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION, WE THEN CALLED FOR MORE INFORMATION AND WAS TOLD YOU NEVER RECEIVED OUR CHANGED APPLICATION WE HOPE THIS WILL CLEAR THIS MATTER UP.

THANK YOU

PRESIDENT OF FORT
WHITE AREA CHAMBER
OF COMMERCE