

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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)

2 Name of Officers
and/or Directors

3 Street Address of Each
Officer and/or Director

4 City / State / Zip

VSD

RILEY, PATRICIA

RT 9 BOX 23166

LAKE CITY FL 32024

PD

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

500011918035

02/07/03 01018 004 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILBUR, GARY J
RT 1 BOX 1586
O'BRIEN FL 32071

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-05-02

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)(l), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-497-4882

GARY J. Wilbur 11-05-02