## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

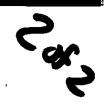
FILED

		Secretary of State	The state of the s
	COO WE THE	DIVISION OF CORPORATIONS	02 JUL 23 PM 3: 27
	JMENT # N9800	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
1 Na KA how 17 ZKA RIVER			
Re	s for Ation	大 9000070762191 -08/13/0201048002 ****122.50 ****122.50	
2. Princip	al Office Address	3. Mailing Office Address	2001 2000 1100
1057/ S. FAFARONDR. SAME			_///):-//IV UKR
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	<u></u>	City & State	To Do Business in Florida 9-17-98
Hemosassa, F/A SAme			5. FEI Number Applied For Not Applicable
34	448 US A	SAME SAME	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name  Name  Name  Name  Note of Current Registered Agent  Name  Name  Note of Current Registered Agent  Note of Current Registered Agent  Name  Note of Current Registered Agent  Note of Curren			
	Suite, Apt. #, Etc.		
	City		State Zip Code.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature o Registered		a Dewbergh GISTERED AGENT MUST SIGN	Date
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must lis	st at least 3 directors)
Titles	Name of Officers and/or Directors	Street Address of Officer and/or Dir	
	BRYAN STAFFORD 1901 W. MESA LANG SAMSSESS A. F. 3444		
5-TD LONNIE Rouch 10571 Slebaron Dr Homos ASSA FI STAYS			
V-D	N-D-JACK CALBACK TOOGS WOODWARD POINT HOMOS ASSA F/ 34448		
D HOWARD V. BRYANT 8230 MISS MARGIE RIUS HOMOSASSA, F/ 3448			
D Johnny Rouch 10571 S. LEBBRA DR HOMOSASSA F1 3448			

10. 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 filling 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR



## The Chassahowitzka River Restoration Committee, Inc.

President Bryan Stafford 7901 W. Mesa Lane Homosassa, Florida 34448

Vice President Jack Calbeck 10093 Woodward Point Homosassa, Florida 34448

Secretary-Treasurer Lonnie M. Rousch 10571 S. Lebaron Drive Homosassa, Florida 34448 Fax: (352) 382-5305

Floreda Dept & State
Dursen of Carporations
Po Box 6327
Sallohassee Fl 32314

July 7, 2002

Dear Sie or Maday,
This letter is to notify you that the
Chassahowetha River Restaration Committee

chassahowetha River Restaration Committee

ded not receive the annual Fee Report

in 2001 and ded not realize until may

of 2012 that these papers had not been

filed

We would respectfully request re-institution

and are farwardory reinstatement papers

will thus letter and a check for 12250

for your for your Consideration,

Respond to Resident Agent:

Mitchell A. Newberger 820 Newberger Road, Lutz, Florida 33549 - Phone (813) 949-1078 - Fay (813) 948-4154