

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 DEC 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/12/00 90152 024 961,25 00

DOCUMENT # N99000002613

1. Corporation Name

HARTSFIELD POND, INC.

Principal Place of Business

Mailing Address

1294 TIMBERLANE ROAD
TALLAHASSEE FL 32312

1294 TIMBERLANE ROAD
TALLAHASSEE FL 32312

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

2. New Principal Office Address, If Applicable

1515-1 Capital Circle NW
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1515-1 Capital Circle NW
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

U.S.

Zip

Country

32310

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1998

5. FEI Number

59-3581698

Applied For

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

REINSTATEMENT

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

MEEEKS, JIMMY

1505 CAPITAL CIRCLE NORTHWEST

TALLAHASSEE FL 32303

SP

D

FRITTS, CHARLES

5166 MAIN STREET

WILLIAMSVILLE NY 14221

D

HOOPER, JOHN

2266 GULF TO BAY BLVD.

CLEARWATER FL 33765

D

DUNCAN, CARL

P.O. BOX 1007

TIFTON GA 31794

D

GRAY, SID

2290 DELTA BLVD

TALLAHASSEE FL 32303

D

PONTI, DAVE

3783 HARTSFIELD ROAD

TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOND, NATHAN L
2121 KILLARNEY WAY
SUITE G
TALLAHASSEE FL 32308

Name

Jimmy W. Meeks

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

1515-1 Capital Circle NW

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

SIGNATURE REQUIRED

Date 12-8-00

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.

300003524153--5
-01/05/01--01004--005
****175.00 ****175.00

SIGNATURE:

SIGNATURE REQUIRED

Jimmy W. Meeks

12-8-00

Date

575-9075

Daytime Phone #