

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP 28 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 11990000003958

1. Corporation Name

MAIN STREET of Monticello/Jefferson Co. Inc.

2. Principal Office Address

240 W. Washington St
Suite, Apt. #, etc.

3. Mailing Office Address

240 W. Washington St
Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

Zip

32344

Country

Jefferson

Zip

32344

Country

Jefferson

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-26-1999

5. FEI Number

593568854

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

MARY FRANCES DRAWDY

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

420 W. Washington St.

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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 of
Registered Agent

Mary Frances Drawdy
REGISTERED AGENT MUST SIGN

Date 9-27-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jackson, Tracey	P.O. Box 338 (166 E. Dogwood)	Monticello, FL 32344
VD	Hughes, Barbara	230 W. Washington St	Monticello, FL 32344
SD	Donna Skelton	385 N. Jefferson	Monticello, FL 32344
TD	Mo Skelton	385 N. Jefferson	Monticello, FL 32344
D	Noanne, Gwynn	550 E. Washington	Monticello, FL 32344
D	Avera, Gretchen	580 W. Washington	Monticello, FL 32344

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 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.

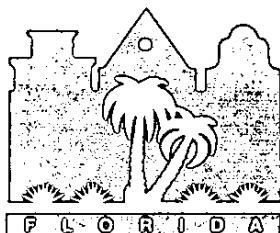
SIGNATURE:

Tracey Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-05

Date

Daytime Phone #



Main Street

Main Street Monticello/Jefferson County, Inc.

420 West Washington Street ~ Monticello, Florida 32344 ~ Phone (850) 997-5552 ~ Fax (850) 997-1020

September 27, 2005

Dept of Corportation
Cliffon Building
Kroger Center
Tallahassee, Florida

Dear Sir:

This letter is to verify that MainStreet of Monticello/Jefferson, Inc. has not received notification of renewal since 2001. The notices were mailed to the wrong address – 290 No. Jefferson, Monticello, FL 32344. Our office is located at 420 W. Washington St.

Thank you for your consideration.

Sincerely,

Mary Frances Drawdy
MainStreet Manager