

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 12 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004809

1. Corporation Name

VALLEY VIEW COMMUNITY CENTER AND SURROUNDING AREAS, INC.

Principal Place of Business

Mailing Address

562 HWY. 90 EAST  
DEFUNIAK SPRINGS FL 32433

562 HWY. 90 EAST  
DEFUNIAK SPRINGS FL 32433

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

08/12/1999

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CASSIDY, ROY	3558 STATE HWY. 81 SOUTH	PONCE DE LEON FL 32455
D	RUSHING, JAMES	158 DEER RUN SOUTH	DEFUNIAK SPRINGS FL 32433
D	RUSHING, STEVE	143 MCHENRY RD.	PONCE DE LEON FL 32455
D	RUSHING, COVIS	9962 CO. HWY. 183 SOUTH	PONCE DE LEON FL 32455
SD	FLOYD, MORRIS	10171 CO. HWY. 183 SOUTH	PONCE DE LEON FL 32455

8. Name and Address of Current Registered Agent

MILLER, GEORGE R  
562 HWY. 90 EAST  
DEFUNIAK SPRINGS FL 32433

9. Name and Address of New Registered Agent

Name

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

Suite

City

State

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (800)