

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

DOCUMENT # P00000005676

1. Corporation Name

DIXIE PALM CORPORATION

Principal Place of Business

4555 49TH AVENUE
VERO BEACH FL 32967

Mailing Address

4555 49TH AVENUE
VERO BEACH FL 32967

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2000

5. FEI Number

65-0992630

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
D	BROWN, WINSTON	4555 49TH AVE VERO BEACH FL 32967	VERO BEACH FL 32967

500008594345
10/25/02 01066-003 **150.00

02 482

8. Name and Address of Current Registered Agent

FERGUSON, CLIFFORD
4865 33 AVE
VERO BEACH FL 32967

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

Clifford Ferguson
REGISTERED AGENT MUST SIGN

Date

10/23/02

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)(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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.23 02 772 7785658
Date Daytime Phone #

OCT 23 2002

SIR OR MADAM,

I AM WRITING THIS LETTER, TO LET YOU KNOW THAT, I INCORPORATION PIACE OF PROPITY TWO YEARS AGO ,WITH THE INTENTION OF BUILDING A BUISNIES ON IT, SEPTEMBER 11 DID A JOB ON MY INVESTEMENT,SO I HAD TO PUT EVERY THING ON HOLD. I DONOT HAVE OPERATING BUISNESS ON THIS PIECE OF PROPRETY, IN DUE TIME GODS WILL IWILL IN THE MEAN TIME I WHOULD LIKE TO KEEP MEMBERSHIP GOING. I DON'T KNOW WHY I DEIDENT GET THE RENUAL NOTICE, LAST YEAR I CHANGE AGENT ,THE FORM WASENT DONE RIGHT SO I HAD TO DO IT TWICE, SO REALY DIDENT KNOW WHAT MONTH TO EXPECT THE RENUAL NOTICE,SO I AM ASKING THE STATE FOR A NO PENALTY RENUAL THIS TIME

TRULLY, WINSTON BROWN