

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 SEP 18 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 900000058960

1. Corporation Name

MAGNOLIA MIST, INC

100007854501--8

-09/19/02--01087--001

\*\*\*300.00 \*\*\*300.00

2. Principal Office Address

711 N. MAIN ST

3. Mailing Office Address

P.O. BOX 2089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIEFLAND, FL

City & State

CHIEFLAND, FL

Zip

32626

Country

USA

Zip

32644

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01 / 01 / 01

5. FEI Number

03-0448913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CONSTANCE W. BEAUCHAMP

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

P.O. BOX 1129 1210 SW 2ND AVE.

Suite, Apt. #, Etc.

City

CHIEFLAND, FL

State  
FL

Zip Code

32626  
32644

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

*Constance Beauchamp*

REGISTERED AGENT MUST SIGN

Date

8/27/02

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
P	CONSTANCE W. BEAUCHAMP	1210 SW 2ND AVENUE	CHIEFLAND, FL 32626

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:

*Constance Beauchamp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/02

Daytime Phone #

CR2081 (9/01)

js 9/18/02