

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P36694

1. Corporation Name

INTERVEST CAPITAL CORPORATION

Principal Place of Business

5750 I 55 N FRONTAGE RD
JACKSON MS 39211
US

Mailing Address

P.O. BOX 12791
JACKSON MS 39236

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

12/16/1991

5. FEI Number

64-0693266

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	NAIL, J. STEPHEN	655 PEAR ORCHARD ROAD 5750 I-55 NORTH	RIDGELAND MS JACKSON, MS 39211
DV	DUDLEY, RODNEY H.	111 ROLLING MEADOWS	MADISON MS RIDGELAND, MS 39157

REINSTATEMENT

A. Alan
11/13/97

8. Name and Address of Current Registered Agent

TERKEURST, DUDLEY
3000 JOE ASHTON RD
ST AUGUSTINE FL 32080

32092

9. Name and Address of New Registered Agent

Name

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

300002350309--8

Suite, Apt. #, Etc.

11/18/97--01041--014

City

State

FL

Zip Code

****758.75 ****758.75

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

R. D. Terkeurst

REGISTERED AGENT MUST SIGN

Date

11/11/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

RODNEY H. DUDLEY
V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

Date

(601) 956-6000

Daytime Phone #

CR2040 (8/97)