

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 # **P93000058959**

1. Corporation Name

THE SOUTHWEST VOLUSIA REPORTER, INC.

Principal Place of Business

Mailing Address

~~2061 ENTERPRISE RD.~~
~~104~~
ORANGE CITY FL 32763
US

P.O. BOX 5699
DELTONA FL 32728
US

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

2. New Principal Office Address, If Applicable

201 S. Holly Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1993

5. FEI Number

59-3197720

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
DPST	THOMPSON, ELAINE	2261 HENRY LANE	DELTONA FL 32738
V	THOMPSON, GARY	2261 HENRY LANE	DELTONA FL 32738
AT	THOMPSON, MARK	2261 HENRY LANE	DELTONA FL 32738
700002982747--7 -09/09/99--01069--005 ***900-00 *****900-00			
REINSTATEMENT 98-49:1 TS			

8. Name and Address of Current Registered Agent

BORGLUM, KURT R
884 W. CHARING CROSS CIR
LAKE MARY FL 32741

9. Name and Address of New Registered Agent

Name
Elaine Thompson
Street Address (P.O. Box Number is Not Acceptable)
2261 Henry Ln
Suite, Apt. #, Etc.
3

City
Deltona

State
FL

Zip Code
32738

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

Elaine Thompson
REGISTERED AGENT MUST SIGN

Date **8-28-99**

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:

Elaine Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/99 (904) 774-1616
Date Daytime Phone #

FILED

99 SEP -1 AM 8:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



CR2004 (03/98)