

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:41

DOCUMENT # P93000065887

1. Corporation Name

PASTIME FERNERY, INC.

Principal Place of Business

Mailing Address

4943 COUNTY RD 48
OKAHUMPKA FL 34762

4943 COUNTY RD 48
OKAHUMPKA FL 34762



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2070406

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	NICKERL, GERHARD	4943 COUNTY RD. 48	OKAHUMPKA FL 34762
VS	NICKERL, TERRY	4943 COUNTY RD. 48	OKAHUMPKA FL 34762
			500003448005--8 -11/02/00--01003--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICKERL, TERRY F
4943 COUNTY RD 48
OKAHUMPKA FL 34762

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

10/17/00

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:

Terry F. Nicklerl
TERRY F. NICKERL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 352-360-0172

CR2E040 (8/00)

Pastime Fernery, Inc.
4943 County Road 48
Okahumpka, FL 34762
Fed.I.D. # 58-2070406
Document # P93000065887

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Notice of Administrative Dissolution
(Report is attached)

Gentlemen,

Please be advised that this is the first notice for my annual report that I have received in the mail this year. My CPA advised me that this is actually the third notice that you have mailed to me, but this is the first that has been delivered to me by the postal service.

To my knowledge, this is the first time that this has happened to my corporation. I always take care of the filing of any state and federal documents I receive in a timely manner.

Therefore, please accept the attached report as my 2000 Annual Report, reinstate my corporation and accept the payment being made in the amount of \$150.00.

Thank you for your consideration in this manner and should you have any questions, please do not hesitate to contact me at the above address or call me at 352-360-0172.

Sincerely,



Terry F. Nickerl
Vice President/Secretary