

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sanra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG -7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P94000019776

1. Corporation Name

Seminole County Wildlife Association, Inc.

Principal Place of Business

Mailing Address

4500 Oregon Blvd.
Lake Monroe, FL. 32747

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

2. New Principal Office Address, If Applicable

4570 Orange Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P. O. Box 470264

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/94

5. FEI Number

59-3229883

Applied For

Not Applicable

City & State

Lake Monroe, FL. 32747

City & State

Lake Monroe, FL 32747-0264

Zip

32747

Country

Seminole

Zip

32747-0264

Country

Seminole

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Larry A. Dale	120 Kaywood Drive	Sanford, Fl. 32771
S	Michael J. Good	1020 Edmiston Place	Longwood, FL 32750
T	Arthur D. Tye	22948 Wolf Branch Road	Sorrento, FL 32776
			200003371672--9 -08/24/00--01051--003 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

George B. Wallace
1700 W. First St.
Sanford, FL. 32771

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

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

Date 8/1/2000

REGISTERED AGENT MUST SIGN

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:

Larry A. Dale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/1/2000

(407) 330-5607
Daytime Phone #

CR2E040 (1/98)