

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000063878

1. Corporation Name

TRAN-SOUTH DEVELOPMENT CORPORATION
OF TALLAHASSEE

Principal Place of Business

Mailing Address

1533-G 50. BRONOUGH STREET
TALLAHASSEE, FLORIDA 32301

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

County

Zip

County

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CH. OF BOARD	DR. SAMUEL MOSELEY	1666 LAUDER AVE.	JACKSONVILLE, FL. 32208
V. CH. BOARD	MR. CLEMON JOHNSON	Box 4088, H-WAY 90	MONTICELLO, FL. 32344
PRES.	MR. WILLIAM PITTMAN	2605 POTTSOMMER RD.	TALLAHASSEE, FL. 32310
SEC. TRES.	DR. ALFRED BLACKSHAR	213 OSCEOLA STREET	TALLAHASSEE, FL. 32301
ASST. SEC. TRES.	MR. MILK HARRIS	3559 GARDENVUE WAY	TALLAHASSEE, FL. 32308
V. PRES.	MR. CLARENCE STREETMAN	305 U.S. HIGHWAY 29	VALLEY ALABAMA 36854

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DR. JOHN ROBERT L. LEE TRAN-SOUTH DEVELOPMENT CORP. 1533-G 50. BRONOUGH STREET TALLAHASSEE, FLORIDA 32301	Name 300002434523-0 Street Address (P.O. Box Number is Not Applicable) -02/18/98--01083--021 Suite, Apt. #, Etc. ***308.75 ***308.75 City State FL Zip Code
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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 *John Robert L. Lee*
REGISTERED AGENT MUST SIGN

Date FEBRUARY 17, 1998

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)