

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006773

1. Corporation Name

PRIEST BROTHERS, INC.

Principal Place of Business

Mailing Address

22 LARCH COURSE
OCALA FL 34480

22 LARCH COURSE
OCALA FL 34480



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

01/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3292529

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
DP	PRIEST, GUY H	22 LARCH COURSE	OCALA FL 34480
DVST	PRIEST, DONALD C JR	5705 S.E. 2ND AVE.	KEYSTONE HEIGHTS FL
DVST	Priest, Donna R.	22 Larch Course	Ocala, FL 34480
			100003464761--9 -11/15/00--01093--002 ***750.00 ****750.00
			REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

PRIEST, GUY H
22 LARCH COURSE
OCALA FL 34480

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

Guy H. Priest
REGISTERED AGENT MUST SIGN

Date 10/26/2000

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:

Guy H. Priest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2000 (352)
Date Daytime Phone # 817-0334

CR2E040 (8/00)