


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 # *PA5000028539*

1. Corporation Name

MOMART, INC.

W97-18231

97 AUG 13 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**ROUTE 5 FALLING WATERS RD
CHIPLEY, FLORIDA 32428**

REINSTATEMENT

*96-97
20*

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

325 ALFORD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COTTONDALE, FL

Zip

Country

Zip

Country

32431

USA

4. Date Incorporated or Qualified To Do Business in Florida

April 4, 1995

5. FEI Number

59-3323312

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
P/D	JIM NAPIER	RT 5 FALLING WATERS RD	CHIPLEY, FL 32428
V/D	NEWTON BOYKIN	1112 BELLS HIGHWAY	WALTERBORO, SC 29488
T/S/D	STEADMAN CARROLL	325 ALFORD RD	COTTONDALE, FL 32431
D	RUSSELL ALBERT EVERETT	520 N. 6TH STREET	CHIPLEY, FL 32428
			700002272997--7 -08/20/97--01122--003 ****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STEPHEN M. KNAPP
P.O. BOX 6422
LAKELAND, FL 33807-6422**

Name

Stephen M. Knapp

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

5417 S. Florida Avenue

Suite, Apt. #, Etc.

City

Lakeland

State

Zip Code

FL

33813

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

Stephen M. Knapp

REGISTERED AGENT MUST SIGN

Date

7-29-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Steadman Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/97
Date

904-638-8570
Daytime Phone #

CR2040 (12/96)