

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JUL -3 AM 11:11

STATE OF FLORIDA

DOCUMENT # **P95 0000 29455**

1. Corporation Name

**Autumn's Anchor, Inc.**

Principal Place of Business

Mailing Address

**Autumn's Anchor, Inc.**

**SAME.**

**1006 S. LAKE HOWARD DR.**

**WINTER HAVEN, FLA. 33880**

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

**4/11/1995**

5. FEI Number

**59-3318392**

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)

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
1	2	3	4
D	Johnson, LARRY O.	1057 Hwy 92 W	Auburndale, Fla. 33823
D	Johnson, SANDRA A.	1057 Hwy 92 W	Auburndale, Fla. 33823

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LARRY JOHNSON**  
**1057 Hwy 92 W**  
**Auburndale, FLA. 33823.**

Name

**Joy L. Childs**

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

**1006 South LAKE HOWARD Drive**

Suite, Apt. #, Etc.

City

**Winter Haven**

State

**FL**

Zip Code

**33880**

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

**Joy L. Childs**  
REGISTERED AGENT MUST SIGN

Date **3/25/99**

11. This corporation owes 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:

**Sandra A. Johnson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/99 941-295-9454**  
Date Daytime Phone #

CR2E051 (12-98)