

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P-95000038365

1. Corporation Name

BEAVER LAKE CAMPGROUND, INC.

2. Principal Office Address

133 KNEEOLOGY WAY

Suite, Apt. #, etc.

City & State

QUINCY, FL

Zip

32351

Country

USA

3. Mailing Office Address

P.O. BOX 20025

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32316

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 12, 1995

5. FEL Number

59-3314249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JERONE J. ELLIS

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

3654 W. ORANGE AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 8/4/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T PRES	JERONE J. ELLIS	3654 W. ORANGE AVE.	TALLAHASSEE, FL 32310
V VP	BETTY C. ELLIS	3654 W. ORANGE AVE.	TALLAHASSEE, FL 32310

10. 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)(f), 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

JERONE J. ELLIS

8/4/00 (850) 575-1168

Date

Daytime Phone #

SP

CR2E081 (9/99)

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P.O. Box 20025
Tallahassee, FL 32316
August 4, 2000

Division Of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: CORPORATION RE-INSTATEMENT
BEAVER LAKE CAMPGROUND, INC.

To Whom It May Concern:

Enclosed, please find our completed Reinstatement form and check in the amount of \$815.00. This check will cover the following years:

\$200.00	1996
\$165.00	1997
\$150.00	1998
\$150.00	1999
\$150.00	2000

It has just been brought to our attention that our Corporation was dissolved. We have not received any annual renewal's over the years and last week we discovered why. As evidenced by the copies enclosed, the "Articles Of Incorporation" show the P. O. Box as our mailing address. Your office has sent mail to State Rd. No. 12 & North Of Interstate 10 (State Rd. No. 8), Quincy, FL which has evidently been returned to your office by the post office. Due to this error we are requesting your office waive any additional fee's.

Please accept the enclosed reinstatement and our check to re-activate our Corporation as soon as possible. Should you have any questions or need additional information, do not hesitate to contact me at (850) 575-1168.

Your understanding and cooperation is greatly appreciated.

Very truly yours,

BEAVER LAKE CAMPGROUND, INC.



Sandra L. Farrell
Administrative Assistant

Encl.

/slf