

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000080535**

1. Corporation Name

**WAYNE FRIER MANUFACTURED HOME CENTER OF HOMOSAS
SA SPRINGS, INC.**

Principal Place of Business

Mailing Address

1485 S. SUNCOAST BOULEVARD
HOMOSASSA SPRINGS FL 34448

1485 S. SUNCOAST BOULEVARD
HOMOSASSA SPRINGS FL 34448



REINSTATEMENT *96*

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

10/18/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0625141

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ *AL*

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
D	FRIER, WAYNE	ROUTE 8, BOX 1048	LIVE OAK FL 32080
D	FRIER, MATTHEW	ROUTE 8, BOX 1048	LIVE OAK FL 32080
D	FRIER, ROBERT	1485 S. SUNCOAST BLVD.	HOMOSASSA SPRINGS FL 34448
			500002003965--2
			-11/14/96--01009--004
			***383.75 ***383.75
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

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

[Signature]
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-2000 (7/95)