

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081787**

1. Corporation Name

711 SOUTH HOLDING COMPANY

Principal Place of Business

**711 SOUTH MAIN STREET
WILDWOOD FL 34785**

Mailing Address

**711 SOUTH MAIN STREET
WILDWOOD FL 34785**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2501 W. MAIN ST

Suite, Apt. #, etc.

Suite 103

City & State

LEESBURG FL.

Zip

34748

Country

US

3. New Mailing Office Address, If Applicable

2501 W. MAIN ST

Suite, Apt. #, etc.

Suite 103

City & State

LEESBURG FL.

Zip

34748

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1985

5. FEI Number

59-3366536

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	CARUTHERS, MARK S	711 SOUTH MAIN STREET 4734 CR. 141	WILDWOOD FL 34785
STD	CARUTHERS, MARY G	711 SOUTH MAIN STREET 4921 CR. 141	WILDWOOD FL 34785
D	CARUTHERS, C. AUBREY	711 SOUTH MAIN STREET 4921 CR. 141	WILDWOOD FL 34785

708802009397-0
-11/20/96-01027-014
*****375.00 ***375.00**

JB 11-18-96

8. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

MARK CARUTHERS

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

2501 W. MAIN ST

Suite, Apt. #, Etc.

Suite 103

City

LEESBURG

State

FL

Zip Code

34748

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]

REGISTERED AGENT MUST SIGN

Date

11/12/96

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] **MARK CARUTHERS**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-326-5544