

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 22 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000081787**

1. Corporation Name

711 SOUTH HOLDING COMPANY

2. Principal Office Address

435 South Main Street

Suite, Apt. #, etc.

City & State

Wildwood, Florida

Zip

34785

Country

U.S.A.

3. Mailing Office Address

435 South Main Street

Suite, Apt. #, etc.

City & State

Wildwood, Florida

Zip

34785

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/95

5. FEI Number

59-3366536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

100003623201--4
-02/01/01--01084--002
*****1050.00 ***1050.00**

7. Name and Address of Current Registered Agent

Name

MARK S. CARUTHERS

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

435 South Main Street

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

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 **January 18, 2001**

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 |
|--------|--------------------------------------|---|--------------------------------|
| P/D | MARK S. CARUTHERS | 4734 CR 141 | Wildwood, Florida 34785 |
| ST/D | MARY G. CARUTHERS | 4921 CR 141 | Wildwood, Florida 34785 |
| V/D | C. AUBREY CARUTHERS | 4921 CR 141 | Wildwood, Florida 34785 |
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. CARUTHERS
PRESIDENT

January 18, 2001 (352) 330-1991

Date

Daytime Phone #

CR2E081 (9/00)