

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 25 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082404

1. Corporation Name

NATURE COAST INDUSTRIES OF CEDAR KEY, INC.

Principal Place of Business

Mailing Address

817 NE 35TH AVE
GAINESVILLE FL 32609
US

817 NE 35TH AVE
GAINESVILLE FL 32609
US



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

12170 State Road 24
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 398
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1995

5. FEI Number

59-3340290

Applied For

Not Applicable

City & State

Cedar Key Florida

City & State

Cedar Key Florida

Zip

32625

Country

US

Zip

US

Country

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
ST	OLDERMAN, RUSSELL	PO BOX 287 N/A	CEDAR KEY FL 32625
T	Pinner, Diana	7251 SW 132nd Terr. P.O. Box 402	Cedar Key FL 32625 400005097054--E -03/12/02--01052--005 ****900.00 ****900.00 LS

8. Name and Address of Current Registered Agent

CHAMBERLAIN, STEVEN M
1-SE 1ST AVE
GAINESVILLE FL 32601

GARY S. EDINGER
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

9. Name and Address of New Registered Agent

Name

GARY S. EDINGER

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

(352) 338-4440

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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 Jan. 11, 2002

11. 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:

Diana Pinner Diana Pinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

10/25/01 3525439985
Date Daytime Phone #