

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # PA5000097045

1. Corporation Name

Newberry Properties, Inc.

Principal Place of Business

Mailing Address

P.O. Box 951
Newberry, FL 32669

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1528 NW SR 45

City & State

City & State

Newberry, FL
Zip 32669 Country Alachua

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
12/18/95

5. FEI Number

59-3349554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Jon E. Coleman	171 SW 250th St	Newberry, FL 32669
S, T	Robert A. Ripple	1905 NW 27th Terr	Gainesville, FL 32605
D	Thomas G. Depeter	25355 W. Newberry Rd	Newberry, FL 32669

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert D. Respass

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

25355 W. Newberry Rd

Suite, Apt. #, Etc.

City Newberry,

State
FL

Zip Code
32669

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 6/22/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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]

soe, Robert A. Ripple

6/23/99 352-870-2139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)