

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 AM 10:19

DOCUMENT # **PA6005006275**

1. Corporation Name

MIMOSA MANOR INC.  
P.O. Box 925  
Starke, FL 32091-0925

2. Principal Office Address

10639 US Hwy 301

Suite, Apt. #, etc.

City & State

Hampton, FL

Zip

32044

Country

USA

3. Mailing Office Address

P.O. Box 925

Suite, Apt. #, etc.

City & State

Starke, FL

Zip

32091

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/96

5. FEI Number

59-3506496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

GA.00

7. Name and Address of Current Registered Agent

Name

WILLIAM GLENN JOHNS

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

10639 US Hwy 301

Suite, Apt. #, Etc.

City

Hampton

State

FL

Zip Code

32044

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

REGISTERED AGENT MUST SIGN

Date 7/25/00

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	William Glenn Johns	10639 US Hwy 301	Hampton, FL 32044

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

Date

Daytime Phone #

7-25-00

CR2E081 (9/99)

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*William K. Gordon*  
*Attorney at Law*

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303 State Road 26 Melrose, Florida 32666

Phone (352) 475-1357 / Fax (352) 475-5968

September 25, 2000

SECRETARY OF STATE OF FLORIDA  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ATTN: Mr. Kristen Eckel, Document Specialist

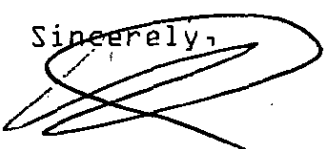
RE: Letter No. 900A00042820, Mimosa Manor, Inc.

Dear Ms. Eckel:

Enclosed please find the documents and my trust account check on the above referenced matter for the reinstatement of said corporation.

My client, Mr. Johns, has contacted the former owners, the Smiths, whom he repossessed said corporation from and they have informed him that they never received any notification of renewal fees due for 1999. If you have any questions or I can be of further assistance to you, please feel free to contact my office. Thank you.

Sincerely,



WILLIAM K. GORDON  
Attorney at Law  
rvhicc file