

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 27 PM 2:54

DOCUMENT # PA0000631016

1. Corporation Name

Matanuska Valley Company

Principal Place of Business

Mailing Address

6659 N. US Hwy 27
Ocala, Florida 34482

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

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3399766

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

SH 75. A statement of the corporation's
financial condition and 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	Sandra J. McKinney	6659 N. US Hwy 27	Ocala, Florida 34482
President	Sandra J. McKinney	6659 N. US Hwy 27	Ocala, Florida 34482
			300002975223-- 2
			-00731793--01085--000
			***1050.00 ***1050.00
			8/21/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sandra J. McKinney
6659 N. US Hwy 27
Ocala, Florida 34482

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sandra J. McKinney

REGISTERED AGENT MUST SIGN

Date 8/21/99

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

Sandra J. McKinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra J. McKinney

8/21/99

Date

352-629-3572

Daytime Phone

CS2001 (12/98)