

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Laura B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 27 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044332

1. Corporation Name

CARL-LYNN, INC.

Principal Place of Business

~~US 19 AND CR 349~~
OLD TOWN FL 32680

Mailing Address

~~US 19 AND CR 349~~ P.O. Box 460
OLD TOWN FL 32680



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

2. New Principal Office Address, If Applicable

~~N.S.R. 349~~

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

~~P.O. Box 460~~

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1996

5. FEI Number

59-3381806

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Marilyn H. Muller	N.S.R. 349	Old town FL. 32680
Sec.	Carlton G. Muller Jr.	North State Road 349	Old town FL 32680
V.Pres	Robert Muller	North State Road 349	Old town FL. 32680
Treas			

600002332206--2
-10/29/97--01031--013
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLER, CARLTON G SR — Deceased 9-30-96
US 19 AND CR 349
OLD TOWN FL 32680

Name Marilyn H. Muller (wife)
Street Address (P.O. Box Number is Not Acceptable)
State Road 349 P.O. Box 460
Suite, Apt. #, Etc.
City Old town State FL Zip Code 32680

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

Marilyn H. Muller
REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid 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:

Marilyn H. Muller Marilyn H. Muller 10-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-352-542-7636
Daytime Phone #

TELEPHONE
(904) 542-7636

P. O. BOX 480
OLD TOWN, FL 32680



Suwannee River KOA

Franchisee of Kampgrounds of America, Inc.

10-24-97

Florida Department of State
Division of Corporations
Sandra B. Northam,

On 10-24-97 I received a notice for the 1st time for a corporation annual report.

I never received the 1st notice for any annual report. Enclosing copy of notice I did receive with wrong address on it.

As of Phone conversation on 10-24-97, the person I talked with said to send a letter explaining problem along with completed application and a check for \$165.00 to Florida Department of State

Sincerely,

Marlin H. Mullen