PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 22 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000016572

1. Corporation Name

PACIFIC/OCALA CORP.

Principal Place of Business	Mailing Address
~~2801 SOUTHWEST COLLEGE ROAD~~ ~~SUITE 1~~ ~~OCALA FL 34474~~	~~2801 SOUTHWEST COLLEGE ROAD~~ ~~SUITE 1~~ ~~OCALA FL 34474~~

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: P.O. BOX 5489	Suite, Apt. #, etc.: P.O. BOX 5485
City & State: Salt Springs FL	City & State: Salt Springs, FL
Zip: 32134 Country:	Zip: 32134 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1997

5. FEI Number: 59-3437305 ☐ 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 3	City / State / Zip 4
VPDT	MACKAY, GEORGE L	501 PAWNEE TRL	MAITLAND FL 32751
VPS	MACKAY, DAVID L	2801 SW COLLEGE RD, STE 1	OCALA FL 34474
			800003029798---2
			-11/01/99--01002--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

MACKAY, DAVID L
2801 SW COLLEGE RD
STE 1A
OCALA FL 34474

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/99)

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: Dave L. Mackay Date: 10/18/99
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: Dave L. Mackay, V.P. 10/18/99 352-237-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065197 AP