

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 FEB 15 PM 1:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000073216**

1. Corporation Name

OTTER SPRINGS CORP.

Principal Place of Business

25250 3 HWY 316
 SALT SPRINGS FL 32134
 US

Mailing Address

PO BOX 5409
 SALT SPRINGS FL 32134
 US



REINSTATEMENT

00-01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3472213	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCKAY, GEORGE	215 N EOLA DR	ORLANDO FL 32801
D	MAYER, ROBERT	25250 E. HWY. 316	SALT SPRINGS FL 32134
			200003746662--8 -02/22/01--01008--003 ****300.00 ****300.00 LS

8. Name and Address of Current Registered Agent

MACKAY, DAVID L
 2801 SW COLLEGE RD., SUITE 1
 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	Zip Code
	FL	

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] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date

2/14/01

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.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-09-2001

352-685-1900

CR2E040 (8/00)