

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 NOV -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000006608**

1. Corporation Name

MR. INTERSTATE DIRECTORY CORPORATION

Principal Place of Business

Mailing Address

14150 A NE HWY 315
~~15699 NE 16TH LN~~
FORT MCCOY FL 32134

PO BOX 1256
~~OCALA~~ FL 34478
OCALA



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

01/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3509322

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

32134

marion

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PATTERSON, WILLIAM	PO BOX 1256 15699 NE 16TH LN FT MCCOY, FL 32134	OCALA FL 34478 OCALA
D	PATTERSON, ANDASIA M	PO BOX 1256	OCALA FL 34478 OCALA
			000003480310--6 -11/30/00--01006--021 ****750.00 ****750.00

REINSTATEMENT **00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, CRAIG W
2603 S.E. 17TH STREET, SUITE C
OCALA FL 34471

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

REGISTERED AGENT MUST SIGN

Date **10/31/00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM F. PATTERSON

10/31/00

Date

352-236-0752

Daytime Phone #

CR2E040 (8/00)