

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT  
**FOR**  
**REINSTATEMENT**

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000010085**

01 JAN 25 PM 2:50

1. Corporation Name

**ELK RIVER, INC.**

Principal Place of Business

Mailing Address

7500 NW 42ND AVE. RD.  
 Ocala FL 34482

7500 NW 42ND AVE. RD.  
 Ocala FL 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

01/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3688019**  
**APPLIED FOR**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SPEAR, WAYNE A	7500 NW 42ND AVE. RD.	OCALA FL 34482
D	SPEAR, CHARLES C	7500 NW 42ND AVE. RD.	OCALA FL 34482
			500003623315--8 -02/01/01--01095--003 ****150.00 ****150.00
			500003623315--8 -02/01/01--01095--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SPEAR, WAYNE A**  
**7500 NW 42ND AVE. RD.**  
**OCALA FL 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

**Wayne A Spear**  
 REGISTERED AGENT MUST SIGN

Date

**10-16-00**

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:

**Wayne A Spear**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-5-00**

Daytime Phone #

CR2040 (800)

# DO NOT REMOVE

2 of 2

Liberty R.V. & Marine, Inc.  
Sales • Parts • Service

7500 N.W. 42nd Ave. Road  
Ocala, FL 34482

Phone (352) 690-7666  
Fax (352) 690-7668

10-16-00

To whom it may concern:

I have just recieved notice, on 10-13-00, on both of my corporations that they are dissolved. I have never recieved my notice of payment in June. I made the mistake back in 1998 and since then I have been very carefull to mail all fees in as soon as I receive notice. I never received a second notice on either company. I am not sure if I have a mail problem here in Ocala or what. It is strange I didn't get paperwork for both companies.

Here is our \$150- for both companies because we never received any notices from the Dept. of State

Thank you for being understanding