

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 9 PM 4:23

DOCUMENT # P98000025608

1. Corporation Name

MAY NURSERY SPREADER COMPANY

Principal Place of Business

Mailing Address

ROUTE 5, BOX M  
HAVANA FL 32333

ROUTE 5, BOX M  
HAVANA FL 32333

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

03/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
TD	MAY, FRED B.	681 FOREST LAIR	TALLAHASSEE, FL
VD	MAY, JOHN B.	RT. 2 BOX 203	QUINCY, FL
SD	MAY, DONALD F., JR.	RT. 2 BOX 156 C	QUINCY, FL
PD	MAY, FOUNTAIN H., JR.	RT. 2 BOX 189 C	QUINCY, FL
DIR	FLETCHER, HOMER M., JR.	113 N. MADISON ST.	QUINCY, FL

8. Name and Address of Current Registered Agent

GARDNER, CHARLES R  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

HOMER M. FLETCHER, JR.

Street Address (P.O. Box Number is Not Acceptable)

113 N. MADISON

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800003468058--9

-11/16/00--01036--016

\*\*\*4552.50 \*\*\*502.50