

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 9 PM 4:34

DOCUMENT # *P99000000686*

**1. Corporation Name**

MAY INVESTMENTS OF GADSDEN COUNTY, INC.

**2. Principal Office Address**

ROUTE 5 BOX M

Suite, Apt. #, etc.

City & State

HAVANA, FLORIDA

Zip

32333

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

32333

Country

USA

**REINSTATEMENT**

*99-01*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/30/98

**5. FEI Number**

*65-0906356*

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

HOMER M. FLETCHER, JR.

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

113 N. MADISON STREET

Suite, Apt. #, Etc.

City

QUINCY

State  
**FL**

Zip Code  
32351

*300003468053-5*  
*-11/16/00--01096--016*  
*\*\*\*4552.50 \*\*\*1050.00*

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*11/13/00*

*LS*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	MAY, FRED B.	681 FOREST LAIR	TALLAHASSEE, FL 32312
VD	MAY, JOHN B.	RT. 2 BOX 203	QUINCY, FL 32351
SD	MAY, DONALD F., JR.	RT. 2 BOX 156 C	QUINCY, FL 32351
PD	MAY, FOUNTAIN H., JR.	RT. 2 BOX 189 C	QUINCY, FL 32351
DIR	FLETCHER, HOMER M., JR.	113 N. MADISON ST.	QUINCY, FL 32351

**10. 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

Date

Daytime Phone #

*11/13/00*