

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *01-2000*
REINSTATEMENT



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

FILED

00 NOV -9 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000001952**

1. Corporation Name

EMERALD CREST OF GADSDEN COUNTY, INC.

Principal Place of Business

Mailing Address

ROUTE 5 BOX M
HAVANA FL 32333

ROUTE 5 BOX M
HAVANA FL 32333



REINSTATEMENT *09-05*

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

12/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0906365

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

LS

8. Name and Address of Current Registered Agent

MAY, DONALD F JR.
ROUTE 2 BOX 156C
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name **HOMER FLETCHER, JR.**
Street Address (P.O. Box Number is Not Acceptable)
113 N. MADISON ST.
Suite, Apt. #, Etc. **000003468050-4**
City **QUINCY** **11/16/00** State **FL** Code **016**
*****4552.FL***4050.00**

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**

Date

REGISTERED AGENT MUST SIGN

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 #