

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000085633

1. Corporation Name

THE CHECKERED FLAG HIGHLANDS COUNTY, INC.

2. Principal Office Address - No P.O. Box #

6510 US 27 NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

6510 US 27 NORTH

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

Zip

338701229

Country

USA

Zip

338701229

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1999

5. FEI Number

650957229

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEAN, JOHN C

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

6510 US 27 NORTH

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

338701229

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/09/2009

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
D	DEAN, JOHN C	6510 US 27 NORTH	SEBRING, FL 338701229
SEC	DEAN, SARA	6510 US 27 NORTH	SEBRING, FL 338701229

REINSTATEMENT

10. E-mail Address: saradunndean@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

John C. Dean

11/09/2009 (863) 385-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #