

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000103323**

1. Corporation Name

FLORIDA FLATWOODS, CORPORATION

2. Principal Office Address

194 WILL DUKE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1087

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Wauchula, FL

Zip

33873

Country

USA

Zip

33873

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

65-1019782

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

BEST, CHARLES E.

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

194 WILL DUKE ROAD

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

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

Date April 16, 2004

REGISTERED AGENT MUST SIGN

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
PD	DAVIS, EDGAR L.	P.O. Box 1087	WAUCHULA, FL 33873
VD	BEST, CHARLES E.	P.O. Box 1087	WAUCHULA, FL 33873
VD	DAVIS, WILLIAM K.	P.O. Box 1087	WAUCHULA, FL 33873
STD	BEST, GAIL D.	P.O. Box 1087	WAUCHULA, FL 33873

800033164708
04/20/04--01060--002 **\$900.00

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

04/16/2004 863-773-4159

Date

Daytime Phone #

CR2E081 (01/04)

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