


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # S06013

1. Corporation Name

Segars Properties, Inc.

2. Principal Office Address

459 North Dean Road

Suite, Apt. #, etc.

City & State

Auburn, Alabama

Zip

36830

Country

USA

3. Mailing Office Address

459 North Dean Road

Suite, Apt. #, etc.

City & State

Auburn, Alabama

Zip

36830

Country

USA

[Handwritten signature]

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****908.75 ****908.75

REINSTATEMENT 00-01

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

10/10/1990

5. FEI Number

59-3037056

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

Segars, E. Robert

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

1137 SW 7th Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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**

[Handwritten signature]

Date 6-27-01

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
D/P/T	E. Robert Segars	845 McCain Lane	Notasulga, AL 36866
D/V/S	Denise L. Segars	845 McCain Lane	Notasulga, AL 36866

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)(f), 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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-01 334-826-5088

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (9/00)