

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:24

DOCUMENT # **583967**

1. Corporation Name

Nellie's Retired Inn, Inc.

62-28375

2. Principal Office Address

P.O. Box 524

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Monticello, FLA.

City & State

Zip

32344

Country

Jefferson

Zip

Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

10-1-91

5. FEI Number

59-3085053

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

Nellie Mae Mitchell

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

Route 2 Box 197-C

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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

Nellie M Mitchell

Date **12/4/00**

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	Nellie Mae Mitchell	Route 2 Box 197-C	Monticello, FLA. 32344
D	Barbara Watkins	Route 2 Box 200	Monticello, FLA 32344
D	Annie McCall	317 Magnolia Street	Thomasville, GA 31792

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:

Nellie M Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-00

Date

997-3422

Daytime Phone #

CR2E081 (9/99)