

APPLICATION FOR  NORTHAM
FOR  SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 30 01 09:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Eddie Clemons President/Director	Rt. 2 Box 693E,	Blountstown/FL/32009
			300002310553--6 -10/02/97--01113--022 ****550.00 ****550.00

James E. Clemons, JR.
Rt. 2 Box 693E
Blountstown, FL 32424

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State FL Zip Code _____

Signature of Registered Agent X. Eddie Chung Pres.
REGISTERED AGENT MUST SIGN

607.0305, F.S.

Date 7-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 119.073(j), 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

9-10 9M 904-674-5089
Date Daytime Phone #
674-5049
Wife (Robin)