PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MENT OF STATE **APPLICATION** FOR Frank B. Frank B. VULGALD DIVISION OF CORPORATIONS Eddie Clemons and Confrany, TAC. DIVISION OF CORPORATIONS 97 SEP 30 111 9:11 1. Corporation Name Principal Place of Business Mailing Address Rt. 1. BOX 399 BlounIstown. FL 32424 If above addresses are incorrect in any way, tine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 6-30-92 Suite. A Suite Apt. #, etc. #. etc. 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee requirer for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Eddie Clemons RE2 box 693E Blauntstown/FL/30404 Director 300002310553---6 -10/02/97--01113--022 ****550,00 ****550.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name James E. Clemous, JR. RG. a Box 693E Street Address (P.O. Box Number is Not Acceptable CR2E040 (Suite, Apt. #, Etc. Blauntstown, FL 32434 City State Zip Code being appointed the registered tamiliar with and accept the obligations of Section 607.0505, F.S. 7-10-97 Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes 4 on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No 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 filling 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 addividuals 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. 7-10 99 904-6 Date Dayting Phon SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR