

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

915

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

AND
FILED

1997 FEB -5 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # V 52845**

BOYNE USA - SOUTH, Inc

18100 Royal Tree Pkwy

Naples, FL 34113

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

300002080803--3

-02/06/97--01130--009

******915.00 ****915.00**

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
July 23, 1992

5. FEI Number
65-0347014

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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	Stephen Kircher	Boyne Mountain Lodge	Boyne Falls, MI 49713
T	Arthur Tebo	Boyne Mountain Lodge	Boyne Falls, MI 49713
D	Everett Kircher	P O Box 32	Boyne Falls, MI 49713
S	Edward Dembeck	785 Gruler Road	Petruskey, MI 49770
VP	Amy Kircher Prange	232 Monterey Drive	Naples, FL 34119

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

William C Erickson

Street Address (Do NOT Use P.O. Box Number)

500 Fifth Avenue S. # 524

Street Address (Do NOT Use P.O. Box Number)

City

Naples

State

FL

Zip

34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William C Erickson
REGISTERED AGENT MUST SIGN

Date **2-3-97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Amy K Prange
AMY K PRANGE

Date **1-28-97**

Daytime Phone # **941-732-0034**

Typed or printed name of signing officer or director