PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP 28 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59942

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-10/06/99--01026--006
***1200.00 ***1200.00

1. Corporation Name

F. J. V. MERGE, INC.

Principal Place of Business / Mailing Address

2121 W. Jefferson Street
Quincy, FL 32351

REINSTATEMENT 96-99D

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

2. New Principal Office Address, If Applicable
600 N. 14th Street
Suite, Apt. #, etc.
City & State
Quincy, FL
Zip / Country
32351

3. New Mailing Office Address, If Applicable
600 N. 14th Street
Suite, Apt. #, etc.
City & State
Quincy, FL
Zip / Country
32351

4. Date Incorporated or Qualified To Do Business in Florida
01/01/93

5. FEI Number
59-3141967
☐ Applied For
☐ Not Applicable

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

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Don Vickers	102 S.E. 1st Street	Havana, FL 32333
VP/D	George E. Johnson	2111 W. Jefferson St.	Quincy, FL 32351
T/S/D	E. Hentz Fletcher, Jr.	600 N. 14th Street	Quincy, FL 32351

8. Name and Address of Current Registered Agent

Suzanne F. Hood
104-A N. Adams Street
Quincy, FL 32351

9. Name and Address of New Registered Agent

Name
Alexander L. Hinson
Street Address (P.O. Box Number is Not Acceptable)
121 N. Madison Street
Suite, Apt. #, Etc.
City
Quincy
State
FL
Zip Code
32351

CR2E081 (12/96)

To the best of my knowledge, 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
Alexander L. Hinson
REGISTERED AGENT MUST SIGN
Date 9-27-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I hereby 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 application for reinstatement, 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.

KE

SIGNATURE: E H Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-99
Date

850-442-4152
Daytime Phone #