

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**

98 DEC 15 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42113

1. Corporation Name

IAC CHAPTER 89, INC.

Principal Place of Business

Mailing Address

~~8927 SE 72ND AVE  
OCALA FL 34472  
US~~

8927 SE 72ND AVE  
OCALA FL 34472  
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

IAC Chapter 89, Inc.  
Suite, Apt. #, etc.  
8780 SE 70th Terrace  
City & State  
Ocala, FL

IAC Chapter 89, Inc.  
Suite, Apt. #, etc.  
8780 SE. 70th Terrace  
City & State  
Ocala, FL

02/15/1991

5. FEI Number

59-3047418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
D	SEBEXEN, RALPH H	8927 SE 72ND AVE	OCALA FL 34472
D	ROSSI, JAMES B	7164 SE 93RD ST	OCALA FL 34472
D	TELLECHEA, CHARLES M	8977 SE 72ND AVE	OCALA FL 34472
D	PARKER, RAYMOND L	9180 SE 70 TERR	OCALA FL 34472
D	BUREL, ALVIN B	9451 S.E. 72ND AVE.	OCALA FL 34472

**REINSTATEMENT** 98-13 12/18/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SEBEXEN, RALPH H.  
8927 SE 72ND AVE  
OCALA FL 34472~~

Name  
Frederick G. Weaver  
Street Address (P.O. Box Number is Not Acceptable)  
8780 SE 70th Terrace  
Suite, Apt. #, Etc.  
600002719546--4  
City  
Ocala, FL  
-12/22/98-01083-012  
\*\*\*236 State FL Zip Code 34472

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

*Frederick G. Weaver*  
REGISTERED AGENT MUST SIGN

Date Dec 12, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Intangible Property tax Filed and Paid - March 1998  
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 119.07(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: *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 DEC 98  
Date  
352 347 5502  
Daytime Phone #

CR2E040 (9/98)