

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 13 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 618954

1. Corporation Name

DIXIE PROPERTIES OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

1750 U.S. ONE SOUTH
ST AUGUSTINE FL 32086

1750 U.S. ONE SOUTH
ST AUGUSTINE FL 32086

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

2. New Principal Office Address, If Applicable

1715 Old Moultrie Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1715 Old Moultrie Road

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1979

5. FEI Number

59-2055083

Applied For

Not Applicable

City & State

St Augustine, Fl

City & State

St Augustine, Fl

Zip 32084

Country St Johns

Zip 32084

Country St Johns

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GENOVAR, PHILIP B	1750 U.S. ONE SOUTH	ST AUGUSTINE FL
		1715 Old Moultrie Road	St Augustine, Fl 32084
			200003493162--4
			-12/11/00--01030--021
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

GENOVAR, PHILIP P.

1750 U.S. ONE SOUTH

ST. AUGUSTINE FL 32086

1715 Old Moultrie Road

St Augustine, Fl 32084

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 11/09/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/00

Date

Daytime Phone #

DIXIE PROPERTIES OF ST.AUGUSTINE, INC.

1715 Old Moultrie Rd
St Augustine, Fl.32084

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Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Tallahassee, Fl.32314

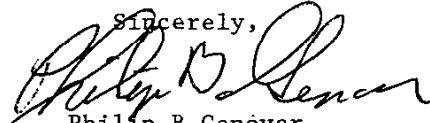
Dear Ms. Harris:

I was very shocked when I received the notice that my Corporation was being dissolved. This was the first notice I received.

I moved my business from 1750 U S 1 South to 1715 Old Moultrie road in St Augustine back in April. I have not been receiving all my mail. It has been going to other post office boxes and when I do receive it, sometimes it is a month late. Any way, this is the only notice I have received. I do not want my Corporation dissolved. Is there anything we can do.

I have enclosed my check for \$ 150.00. Thank you for your help.

Sincerely,


Philip B Genovar