

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069971

1. Corporation Name

NEIL FAMILY, INC.

Principal Place of Business

Mailing Address

7 CONCORD PLACE
PALM COAST FL 32137

7 CONCORD PLACE
PALM COAST FL 32137



600023882336
10/17/03--01031--024 **150.00

03

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

06/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
President	William G. Neil JR	Same as above	

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAVY, BENJAMIN
18 PALM LEAF LANE
PALM COAST FL 32164

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Benjamin Savy
REGISTERED AGENT MUST SIGN

Date

10-13-03

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:

W. S. Neil Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03 888-556-5570

CR2E040 (7/03)



HAMMOCK BEACH™

AN OCEANFRONT PARADISE

Gentleman,

This is Brad New Corporation.
I have never seen and
New about the renewal.
It never showed up at my
street address. If you would
please forgive me for not knowing
and allow me to send you
this 150.00

Thanks

Sincerely,

Bill New

GINN REAL ESTATE COMPANY, LLC

4 HAMMOCK BEACH PARKWAY • P. O. BOX 350493 • PALM COAST, FLORIDA 32135

1.888.556.5570 • 386.447.4024 • FAX 386.447.3199

WWW.HAMMOCKBEACH.COM