2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 24 AM 8:00

DOCUMENT # P95000037684

1. Corporation Name
S.P. of Fort Walton Beach, Inc.
P.O. Box 1058
Fort Walton Beach, FL. 32549

2. Principal Office Address	3. Mailing Office Address
116 4th St Ste G	P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach	City & State: Fort Walton Beach
Zip: 32548 Country: Okaloosa	Zip: 32549 Country: Okaloosa

MRD

4. Date Incorporated or Qualified To Do Business in Florida 5/11/95

5. FEI Number 59-3316295 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Jeffrey E Jones

Street Address (P.O. Box Number is Not Acceptable): 1974 Candlewood Dr

900040686169
08/31/04--01022--020 **550.00

Suite, Apt. #, Etc.:

City: Navarre | State: FL | Zip Code: 32566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 8/17/04

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jeffrey E Jones	1974 Candlewood Dr	Navarre, FL. 32566
VP	Wendy D Jones	1974 Candlewood Dr	Navarre, FL. 32566

10. 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: Wendy D Jones V.P. Wendy D Jones 8/17/04 850-863-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — V.P. — Date — Daytime Phone #