

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 20 AM 9:10

DOCUMENT # **K16275**

1. Corporation Name  
**NAVY ALCOR, INC.**

Principal Place of Business

205 N. CHAMBORD  
ATLANTA GA 30327  
US

Mailing Address

205 N. CHAMBORD  
ATLANTA GA 30327  
US



**REINSTATEMENT** 97

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

2. New Principal Office Address, If Applicable <b>7600 E. Blue Lake Road</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>7600 E. Blue Lake Road</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>02/26/1988</b>	
City & State <b>Harrison, ID</b>		City & State <b>Harrison, ID</b>		5. FEI Number <b>58-4795777</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>83833</b>	Country <b>US</b>	Zip <b>83833</b>	Country <b>US</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
PD	<del>XXXXXXXXXXXXXXXXXX</del> Behr, Iris	<del>205 N. CHAMBORD</del> 7600 E. Blue Lake Road	<del>ATLANTA GA</del> Harrison, ID 83833
ST	<del>BAILEY ELIZABETH</del> Muir, John W.	<del>205 N. CHAMBORD DRIVE NW</del> 7600 E. Blue Lake Road	<del>ATLANTA GA</del> Harrison, ID 83833

700002354807--9  
-11/21/97--01118--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

JONES, FREDERICK W., ESQ.  
GRAHAM, CLARK, POKK AND JONES, BUILDER, PRATT & MARKS  
369 N. NEW YORK AVENUE, THIRD FLOOR  
WINTERPARK FL 32789 32789

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **11/19/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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]* John W. Muir  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 17, 1997 208-689-3209  
Date Daytime Phone #