

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fr

APPLICATION
01 NOV 01
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000000434**

1. Corporation Name

EMERALD COAST D.B.D., INC.

Principal Place of Business

**3543 HWY 2321 3738 Patrick Rd.
SOUTHPORT FL 32409**

Mailing Address

**3543 HWY 2321 P.O. Box 8404
SOUTHPORT FL 32409**



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

Suite, Apt. #, etc.

P.O. Box 8404

Suite, Apt. #, etc.

City & State

SOUTHPORT, FL

City & State

Zip

32409

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2000

5. FEI Number

59-3694031

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 | 4 City / State / Zip |
|---------------|---|--|---------------------------|
| D | ZACHERL, HERMAN | 3738 Patrick Road 3543 HWY 2321 P.O. Box 8404 | SOUTHPORT FL 32409 |
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****150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**H
ZACHERL, HERMAN**

**3543 HWY 2321 3738 Patrick Rd.
SOUTHPORT FL 32409**

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.

Signature of
Registered Agent

Herman Zacherl

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

Herman Zacherl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/01 850 271-5900

CR2040 (801)