

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC -8 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V42411**

**1. Corporation Name**

Egmont Park, Inc.

**WO4-43197**

**REINSTATEMENT 96-04**

**2. Principal Office Address**

1947 Citrona Drive

Suite, Apt. #, etc.

**City & State**

Fernandina Beach, FL

Zip  
32034

Country  
USA

**3. Mailing Office Address**

1947 Citrona Drive

Suite, Apt. #, etc.

**City & State**

Fernandina Beach, FL

**Zip**

32034

Country  
USA

**300043300533**  
12/09/04--01031--005 \*\*158.75

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

593134129

**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**

A. Jeffrey Tomassetti, Esq.

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

406 Ash Street

Suite, Apt. #, Etc.

**City**

Fernandina Beach

State  
FL

Zip Code  
32034

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11/16/09

**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/D	C. K. Owens	1947 Citrona Drive	Fernandina Beach, FL 32034

**100043899881**  
11/19/04--01043--007 \*\*1300.00

**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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/09 (904) 261-7181

CR2E081 (10/02)