

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 23 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022369893
08/18/03--01005--030 **1200.00

REINSTATEMENT

300022369893
08/18/03--01005--031 **8.75

DOCUMENT # 312105

1. Corporation Name

KING GEORGE ESTATES, INC.
501 Kenilworth Avenue
Gulf Breeze, Florida 32561

2. Principal Office Address

501 Kenilworth Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

501 Kenilworth Avenue
Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

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

12/22/66

5. FEI Number

59-1157359

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

John Brewer

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

120 E. Main Street,

Suite, Apt. #, Etc.

Suite B

City

Pensacola

State

FL

Zip Code

32501

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**

X

REGISTERED AGENT MUST SIGN

Date

X 7.22.03

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	Patricia Trice	10100 Hillview Rd. Apt. #2111	Pensacola, FL 32514
VTB/D	Frank H. Johnston	501 Kenilworth Avenue	Gulf Breeze, FL 32561

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Frank H. Johnston)

X

7/22/03

Date

X (850) 932-0897

Daytime Phone #

CR2E081 (10/02)