

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 19 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 346484

1. Corporation Name

GULF HILLS HEALTH AND RECREATION INC

Principal Place of Business

HIGHWAY 30A
P.O. BOX 1160
SANTA ROSA BEACH FL 32459

Mailing Address

421 BOB MC CASKILL DRIVE
~~P.O. BOX 1160~~
DE FUNIAK SPRINGS FL 32433
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1969

5. FEI Number

59-0918418

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	CURRIE, HOWARD F	201 HUGGINS ROAD	DEFUNIAK SPRINGS FL
VP	CURRIE, NEAL M	421 BOB MCCASKILL DRIVE	DEFUNIAK SPRINGS FL
D	WARREN, WILMA	P.O. BOX 1160 (HWY 30A)	SANTA ROSA BEACH FL
VP	PATRICK CURRIE	6811 N.W 40 th DRIVE	GAINESVILLE, FL 32606
D/ST	HAYNES CURRIE	815 N. PARKWOOD ROAD	DECATUR, GA 30030

8. Name and Address of Current Registered Agent

CURRIE, HOWARD F
2000002380482--4
-12/23/97--01063--001
201 HUGGINS ROAD
DEFUNIAK SPRINGS FL 32433
***758.75 ***758.75

9. Name and Address of New Registered Agent

Name
NEAL M. CURRIE
Street Address (P.O. Box Number is Not Acceptable)
421 BOB MC CASKILL DRIVE
Suite, Apt. #, Etc.
DEFUNIAK SPRINGS, FL
City
DEFUNIAK SPRINGS
State
FL
Zip Code
32433

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

Neal M. Currie
REGISTERED AGENT MUST SIGN

Date 12-16-97

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)(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:

Neal M. Currie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-97

Date

850 892-9900

Daytime Phone #

CR2E06-9997