

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 23 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 489295

1. Corporation Name

PENSACOLA EAST KOA KAMPGROUND, INC.

Principal Place of Business

3700 GARCON POINT ROAD
MILTON FL 32570

Mailing Address

POST OFFICE BOX 238
BAGDAD FL 32530



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1642589

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	NEUGENT, TERRELL	3700 GARCON POINT RD.	MILTON FL 32570
T	NEUGENT, ESSIE MAE	3700 GARCON POINT RD.	MILTON FL 32570

100002039181-8
-12/27/96-01048-018
***375.00 ***375.00

JB12-23-96

8. Name and Address of Current Registered Agent

NEUGENT, TERRELL
3700 GARCON POINT RD.
MILTON FL 32570

9. Name and Address of New Registered Agent

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

Terrell Neugent
REGISTERED AGENT MUST SIGN

Date 9-19-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Terrell Neugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-96

Date

904 623 0576

Daytime Phone #

CP2540 (7/96)