## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Karll (1) Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 NOV 14 All 8: 09 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALL AHASSEE FLORIDA O W LAND CO. Principal Place of Business Mailing Address 41 ANCHORS LAKE DR. 41 ANCHORS LAKE DR. SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and onler correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 06/15/1977 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1807735 City & State City & State Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PD PAPANTONIS, RICHARD 42 LINWOOD ROAD --FT: WALTON BCH FL 41 Anchors Lake Dr. Santa Rosa Beach, F/ STV 42 LINWOOD - RGAD. PAPANTONIS, RICHARD FT: WALTON-BOH .- FL Santa Rosa Beach, FL 41 Archous Lake Dr. 300002<del>351</del>963--11/18/97--01091--007 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Namo PAPANTONIS, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 41 ANCHORS LAKE DR. SANTA ROSA BEACH FL 32459 Suite, Apt. #, Etc. State 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. 1. Lagantonios HEGISTERED AGENT MUST SIGN Signature of Signa Dato 11. This corporation owes or has paid the current year (See other side for information Yes 💹 No Intangible Personal Property tax due June 30.

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 logal effect as if made under eath.

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

11/13/97 (850) 24-1-4999