APPLICATION FOR REINSTATEMENT

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

FILED

96 NOV 15 PM 12: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612854

1. Corporation Name

TAVERNIER TOWNE MALL, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
POST OFFICE BOX 427 ISLAMORADA FL 33036	POST OFFICE BOX 427 ISLAMORADA FL 33036

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
		03/14/1979

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1909790	Applied For
City & State	City & State		Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTS	ANDREWS, HELGA	~~8101 OLD HWY.~~ 91800 OVERSEAS HWY	~~ISLAMORADA FL 33036~~ TAVERNIER, FL 33070
		900002009649--2 -11/20/96--01053--008 ****383.75 ****383.75
			JB 11-18-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ANDREWS, HELGA ~~81501 OLD HIGHWAY~~ ~~ISLAMORADA FL 33036~~ 91800 OVERSEAS HWY TAVERNIER, FL 33070	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 _Helga Andrews_ SIGNATURE REQUIRED Date 11/13/96

REGISTERED AGENT MUST SIGN

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. 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: _Helga Andrews_ SIGNATURE REQUIRED 11/13/96 305 853-5666

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Helga Andrews