PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 DEC 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094220

1. Corporation Name

Augustine Land Corporation

Principal Place of Business	Mailing Address
1312 Pompano Road Bay Pointe Panama City, Florida 32411	

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
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/9/81

5. FEI Number: 59-2192719 ☐ 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)

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
P/D	C.A. Penta	1312 Pompano Road Bay Pointe	Panama City, Florida 32411

REINSTATEMENT

300003140283--4
-02/18/00--01033--001
***3000.00 ***1500.00

8. Name and Address of Current Registered Agent

C.A. Penta
9450 South Thomas Drive
Panama City Beach, Florida 32407

9. Name and Address of New Registered Agent

Name: C.A. Penta
Street Address (P.O. Box Numbers Not Acceptable): 1312 Pompano Road
Suite, Apt. #, Etc.: Bay Pointe
City: Panama City | State: FL | Zip Code: 32411

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: C.A. Penta — REGISTERED AGENT MUST SIGN — Date

10. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: C.A. Penta — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C.A. Penta, President

Date: 850 235-1985 — Daytime Phone #

CR2E081 (12/98)