

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1998 FEB 16 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746802

1. Corporation Name

Ancient City Game Fish Association

Principal Place of Business

Mailing Address

P.O. Box 2001
St. Augustine, FL 32084

100002434371--6
-02/18/98--01075--005
****297.50 ****297.50

REINSTATEMENT

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

04/19/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6535399

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	Cecilia Remy	306 Harvard Rd.	St. Augustine, FL 32086
V	Chip Owen	1275 S. Winterhawk Dr.	St. Augustine, FL 32086
T	James Manucy	6381 Pine Cir. W.	St. Augustine, FL 32086
S	Carmel Cunningham	3850 English Colony N.	Jacksonville, FL 32257
D	Bert Walton	613 Delestine	St. Augustine, FL 32095
D	John Genova	903 Prince Rd.	St. Augustine, FL 32086

8. Name and Address of Current Registered Agent

Bert Walton
613 Delestine
St. Augustine, FL 32095

9. Name and Address of New Registered Agent

Name
Jim Blalock
Street Address (P.O. Box Number is Not Acceptable)
18 Barcelona Ave.
Suite, Apt. #, Etc.
City
St. Augustine State **FL** Zip Code **32084**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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:

[Signature]

SCOTT GREINER

DIR

Date

02/14/98

Daytime Phone #

904-797-5027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)

②

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
D	Ed Gomes	1598 San Lucie Ct.	St. Augustine, FL 32084
D	Joel Cunningham	3850 English Colony N.	Jacksonville, FL 32257
D	Scott Greiner	3410 Red Cloud Trail	St. Augustine, FL 32086
D	George Cross	403 Arricola Ave.	St. Augustine, FL 32084