

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 AUG 26 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766193

1. Corporation Name

Trinity Retreat, Inc.

Principal Place of Business

Mailing Address

446 DeFuniak St.
Santa Rosa Beach
FL 32459

P.O. Box 2245
Santa Rosa Beach
FL 32459

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
12/17/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2368774

Not Applicable

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)	
1	2	3	
Pres.	Faith Sexton	446 DeFuniak St.	800002630758-9 -09/01/98-01088-009 ****358.75 ****358.75
Direct.	Sharon Glass	446 DeFuniak St.	Santa Rosa Bch, FL 32459
Board	Koula Turner	217 Cloverdale Blvd.	Santa Rosa Bch, FL 32459
Member			Ft. Walton Bch, FL 32547
Board			
Member			

REINSTATEMENT

B 8/28
96-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James W. Middleton
216 Hospital Drive, NE
Ft. Walton Beach, FL 32548

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

James W. Middleton
REGISTERED AGENT MUST SIGN

Date 8/24/98

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: *Faith Sexton*
Faith Sexton, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/98

Date

(850) 231-4672
Daytime Phone #