

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

97 JAN 16 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840685

1. Corporation Name

JACK TAR VILLAGE RESORTS, INC.

Principal Place of Business

Mailing Address

5949 SHERRY LN.
SUITE 1800
DALLAS TX 75225-6553

5949 SHERRY LN.
SUITE 1800
DALLAS TX 75225-6553

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1978

5. FEI Number

74-1284920

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PCD	SAMMONS, ELAINE D	5949 SHERRY LANE #1900	DALLAS TX
V	NELSON, DAGMAR	5949 SHERRY LANE #1900	DALLAS TX
V	KECKEISEN, JANET	5949 SHERRY LANE #1900	DALLAS TX
VS	GORMAN, JEFF	5949 SHERRY LANE #1900	DALLAS TX
V	WILLIAMS, MICHAEL	5949 SHERRY LANE #1800	DALLAS TX
V	FORD, STEVEN	5949 SHERRY LANE, #1800	DALLAS TX

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

1-13 97

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, 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)(l), 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:

JANET KECKEISEN

11/18/96 214 360-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/96)