

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008604673
11/06/02--01018--012 **88.75



REINSTATEMENT 02

DOCUMENT # F00000002387

1. Corporation Name

ROBERTS RESORT PROPERTIES OF FLORIDA, INC.

Principal Place of Business

3664 DAUPHIN STREET
MOBILE AL 36660

Mailing Address

P.O. BOX 6217
MOBILE AL 36660

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3664 Dauphin St

Suite, Apt. #, etc.

City & State

Mobile, AL

Zip

36608

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

63-1035638

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CV	ROBERTS, DAVID D JR.	4412 WINDING WAY	MOBILE AL 36693
DV DV	ROBERTS, JOHN A JR. Roberts, John A. Jr.	3 WIMBLEDON DRIVE 32872 River Road	MOBILE AL 36608 Orange Beach, AL 36561
DV	ROBERTS, BEN T	4300 LAKEWOOD COURT	MOBILE AL 36608
DVST	STREET, LINDA L	6590 BARNES ROAD	THEODORE AL 36582
DT DT	WINDLE, BERNADETTE R Windle, Bernadette R.	10795 SKI CHASTE LANE 10795 Ski Chaste Lane	AXIS AL 36505 Axis AL 36505
			300008604673 10/28/02--01029--006 **661.25

8. Name and Address of Current Registered Agent

GARRETT, DONNA R
16289 N. SHORE DR.
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name

C.T. Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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:

Linda L. Street REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

(251) 344-2174

CR2E040 (8/02)