

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F57366**

1. Corporation Name

Appco Land Company, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

P.O. Box 572843

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77257

Country

U.S.A.

3. New Mailing Office Address, If Applicable

P.O. Box 572843

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77257

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12-07-81

5. FEI Number

59-2148051

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Miller, Roger L	99 N. Post Oak Lane #5308	Houston, TX 77024
S	Sanschagrin, Gloria	840 Debary Ave	Enterprise, FL 32725

REINSTATEMENT **89-97**

52 1-6-98

8. Name and Address of Current Registered Agent

**Sanschagrin, Gloria G.
3442 Baymeadow Court
Windermere, FL 32786**

9. Name and Address of New Registered Agent

Name

Gloria G. Sanschagrin

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

840 Debary Ave

Suite, Apt. #, Etc.

City

Enterprise

State

FL

Zip Code

32725

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

Gloria G. Sanschagrin
REGISTERED AGENT MUST SIGN

Date **11/1/97**

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)(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:

Gloria G. Sanschagrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/97 (407) 574-6796
Date Daytime Phone #