

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005052**

1. Corporation Name

NASSAU HOST, INC.

Principal Place of Business

Mailing Address

U.S. HWY. 17. NORTH
YULEE FL 32097

U.S. HWY. 17. NORTH
YULEE FL 32097



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

09/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1261990

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	WORLEY, BOYCE	% BEST WESTERN, 125 N. HWY. 17	SOMERSET KY 42501
DV	ABDOO, LOYD	P.O. BOX 24307 (N/A)	LEXINGTON KY 40524
DST	PYLES, RANDALL D	P.O. BOX 421 (N/A)	COLUMBIA KY 42728
D	SMITH, JAMES J	9300 SHELBYVILLE RD., #1000	LOUISVILLE KY 40222

REINSTATEMENT 1996
Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLAGLE, SUSAN P.A.
4190 BELFORT RD., SUITE 240
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

700002063167--0

-01/21/97--01024--005

******383.15 ****383.15**

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

Susan Slagle

REGISTERED AGENT MUST SIGN

Date

10/3/96

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:

Lloyd Abdoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/96

Daytime Phone #

904-225-2011