

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 24 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001844

1. Corporation Name

Intown Management Inc

REINSTATEMENT 01-03

2. Principal Office Address

6523 US Hwy 19

Suite, Apt. #, etc.

City & State

New Port Richey FL

Zip 34652

Country USA

3. Mailing Office Address

2200 Northlake

Suite, Apt. #, etc.

Pkwy #277

City & State

Tucker GA

Zip 30084

Country USA

800023304648

09/24/03--01055--002 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

revoked 9/21/01

5. FEI Number

58 2084851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Harrell

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

6523 US Hwy 19

Suite, Apt. #, Etc.

New Port Richey FL

City

State  
FL

Zip Code

34652

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Scott Harrell

REGISTERED AGENT MUST SIGN

Date 9-23-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Melton Harrell	2200 Northlake Pkwy #277	Tucker GA 30084

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Harrell - MELTON HARRELL

Date

9-23-03

Daytime Phone #

770 939 1801 x118

CR2E081 (10/02)