

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 # F96000002220

1. Corporation Name

ARGONAUT DEVELOPMENT GROUP, INC.

FILED

97 NOV 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

15 EAST NORTH STREET
DOVER DE 19903
~~3900 S. Roosevelt Blvd.~~
~~Key West, FL 33040~~

15 EAST NORTH STREET
DOVER DE 19903
~~3900 S. Roosevelt Blvd.~~
~~Key West, FL 33040~~



REINSTATEMENT

9700

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

05/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

3900 S. Roosevelt Blvd.

3900 S. Roosevelt Blvd.

65-0698903

Not Applicable

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PC	BUTLER, ROBERT A	9710 MIDDLETON RIDGE ROAD	VIENNA VA 22182
WC	WALDRON, PAUL L	% 1055 N. FAIRFAX ST., 4TH FLOOR	ALEXANDRIA VA 22314

600002350376--0
-11/18/97--01043--012
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTLER, ROBERT A
3900 SOUTH ROOSEVELT ROAD Blvd.
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-13-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-97 305-292-4800

CR2004060320