

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 # **F97000005089**

1. Corporation Name

PERIPHERAL PROPERTIES, INC.

FILED

99 JUN 10 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10065 EMERALD COAST PKWY.
SUITE C3
DESTIN, FL 32541

Mailing Address

10065 EMERALD COAST PKWY.
SUITE C3
DESTIN, FL 32541

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

REINSTATEMENT

ag 6/9/99

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1712000

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C	OWENS, PAUL D.	10065 EMERALD COAST PKWY, SUITE C3, DESTIN, FL 32541	
P	OLIVER, HOWARD C.	10065 EMERALD COAST PKWY, SUITE C3, DESTIN, FL 32541	

000002903710--8
-06/14/99--01016--018
****758.75 ****758.75

8. Name and Address of Current Registered Agent

OLIVER, HOWARD C.
10065 EMERALD COAST PKWY, SUITE C3
DESTIN, FLORIDA 32541

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/9/99

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

Yes ☐ No ☒ NONE DUE

(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD C. OLIVER

6/9/99
Date

8508371662
Daytime Phone #

CR2E040 (1/98)