

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005540

1. Corporation Name

Playa del Rio, Inc.

2. Principal Office Address

16990 Perdido Key Dr.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

3. Mailing Office Address

16990 Perdido Key Dr.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999 (?)

5. FEI Number

63-1103288

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

Eugene T. Saiter

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

16990 Perdido Key Drive

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code

32507

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/20/05

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.	Eugene T. Saiter	16990 Perdido Key Drive	Pensacola, FL 32507
Sec.	Eugene T. Saiter	16990 Perdido Key Drive	Pensacola, FL 32507
Treas.	Eugene T. Saiter	16990 Perdido Key Drive	Pensacola, FL 32507

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/05

Daytime Phone #

251-709-8868

FILED

05 FEB 26 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/05)

Playa del Rio, Inc
16990 Perdido Key Dr.
Pensacola, Fl. 32507

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We respectfully request a waiver of the reinstatement fee, as the notices for filing were not received. The president's address had been changed and the reinstatement form now reflects the current and correct address. Please find enclosed a check for \$750.00. \$600.00 for years 2002-2005 and an additional \$150 for late filing of 2005.

Sincerely:

 2/22/05

Stephen G Richard
Agent/ manager
Playa del Rio, Inc.