

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 16 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G92840**

1. Corporation Name

**FLAGLER CASTLE CORPORATION**

Principal Place of Business

Mailing Address

% RONALD N. JOHNSON, ESQUIRE  
412 SOUTH CENTRAL AVENUE - PO BOX 1726  
FLAGLER BEACH FL 32136-3623

% RONALD N. JOHNSON, ESQUIRE  
412 SOUTH CENTRAL AVENUE - PO BOX 1726  
FLAGLER BEACH FL 32136-3623



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

**1202 S.E. 11th Court**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft. Lauderdale, FL 33316**

Zip Country

**33316 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/23/1984**

5. FEI Number

**65-0007038**

Applied For

Not Applicable

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
PD	FRIESECKE, ADALBERT	1202 SE 11 CT	FT. LAUDERDALE FL
T	FRIESECKE, ARE	1202 SE 11 CT	FT. LAUDERDALE FL

400002064994--9  
-01/22/97--01145--005  
\*\*\*\*245.00 \*\*\*\*245.00

**REINSTATEMENT** 1996

400002064994--9  
-01/22/97--01145--006  
\*\*\*\*138.75 \*\*\*\*138.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~JOHNSON, RONALD N., ESQUIRE  
412 SOUTH CENTRAL AVENUE  
POST OFFICE BOX 1726  
FLAGLER BEACH FL 32036~~

Name

**Valerie Florestal**

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

**3190 S.W. 4th Avenue**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33316**

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

Date

**12-11-96**

REGISTERED AGENT MUST SIGN

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:

*[Signature]*

**Are Friesecke**

**12/12/96**

**(954) 763-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #