

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08112

1. Corporation Name

SHELL POINT RESORT, INC.

Principal Place of Business

1541 SHELL POINT ROAD
CRAWFORDVILLE FL 32327
US

Mailing Address

1541 SHELL POINT ROAD
CRAWFORDVILLE FL 32327
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1986

5. FEI Number

59-2655134

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)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

4

D

Dianne Taff

2048 Ermine Drive

Tallahassee, FL 32308

~~D~~

~~MOODY, GEORGE~~
George Taff, Jr.

~~1000 ATAPHA WENE~~
70 Janet Drive

~~TALLAHASSEE FL 32304~~
Crawfordville, FL 32327

~~D~~

~~MCNEFF, MARY HELEN~~
R. Wayne Moody, Sr.

~~2048 BURGOTT DR.~~
102 Little River Cove Rd

~~TALLAHASSEE FL 32308~~
Quincy, FL 32351

D

Steve G. Taff

3815 Longford Drive

Tallahassee, FL 32308

D

D. Warren Moody, Sr.

7400 Kenrob Street, SE

Grand Rapids, MI 49508

D

G. David Roberts

P. O. Box 85

Crawfordville, FL 32327

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HAYS, ROGER F~~

~~2100 WOODSTOCK LANE~~

~~TALLAHASSEE FL 32303~~

Name

Richard E. Benton

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

1415 East Piedmont Drive, Suite 4

Suite, Apt. #, Etc.

Suite 4

City

Tallahassee

State

FL

Zip Code

32312

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

Richard E. Benton

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/00

11. 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:

Dianne Taff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-2-00

Daytime Phone #

FILED

01 JAN 12 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/00)