

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

98 DEC 21 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L20392

1. Corporation Name

SALANA HEIGHTS, INC.

Principal Place of Business

Mailing Address

~~100 NO SPRING ST~~  
PENSACOLA FL 32501  
US

~~100 NO SPRING ST~~  
PENSACOLA FL 32501  
US

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

2. New Principal Office Address, If Applicable

~~100 NORTH SPRING ST~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~100 NORTH SPRING ST~~  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1989

5. FEI Number

59-2973012

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
DP	BRANTLEY, RONALD S.	5700 ENGLISH TURN DR.	PACE FL
DV	SHANKS, SCOTT E.	2980-B PIPE LINE ROAD	BIRMINGHAM AL
D	LUCAS, TERESA T.	109 LANE AVE	BREWTON AL
SD	BRANTLEY, BARBARA S	5700 ENGLISH TURN DR.	PACE FL
D	LUCAS, ROBERT D	109 LANE AVE	BREWTON AL
			500002725245-6 -12/29/98--01074--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BRANTLEY, RONALD S  
~~100 NO SPRING ST~~  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

~~100 NORTH SPRING ST.~~

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 REQUIRED

Date 12-18-98

REGISTERED AGENT MUST SIGN

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD S. BRANTLEY

12-18-98  
Date

850-433-5075  
Daytime Phone #

CR2ED040 (9/88)