

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46094**

1. Corporation Name

ST. JOE TRAVEL & TOUR, INC.

Principal Place of Business

25 OLD KINGS RD., N.
STE. 3
PALM COAST FL 32137
US

Mailing Address

25 OLD KING RD., N.
STE. 3
PALM COAST FL 32137
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

02 OCT 25 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1990

5. FEI Number

59-2983868

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	City / State / Zip 4
TD	GEORGE, JOHN J.	122 WESTGRILL DR	PALM COAST FL
PD	GEORGE, DAGMAR	122 WESTGRILL DR	PALM COAST FL
VSD	SCHEIBEL, JUNE D. DELETE	63 CHRISTOPHER CT.	PALM COAST FL

10/29

200008590722
10/25/02--01037--019 **250.00

8. Name and Address of Current Registered Agent

GEORGE, JOHN J
122 WESTGRILL DRIVE
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

John J. George
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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)(l), 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:

John J. George
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE
386-446-4150
10/23/02
Daytime Phone #

CR2040 (8/02)