

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 APR 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81123**

1. Corporation Name

Driftwood Designs, (INC)

Principal Place of Business

Mailing Address **same**

**5800 OVERSEAS Hwy., Suite-4
Marathon, FL. 33050**

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

4. Date Incorporated or Qualified To Do Business in Florida

July 1, 1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0207437

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	Dana Matthews Johnson	58110 ferreire ST.	Marathon, FL. 33050
VP/SECY	GLENN E. JOHNSON	58110 ferreire ST.	Marathon, FL. 33050

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****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Dana Matthews Johnson
58110 ferreire ST.
Marathon, FL. 33050**

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.

Signature of Registered Agent

Dana Matthews Johnson

REGISTERED AGENT MUST SIGN

Date **4-22-97**

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:

GLENN E. JOHNSON

GLENN E. JOHNSON 4-22-97 305-743-7591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (12/96)