

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 189216

1. Corporation Name

FLORIDA HOUSE INN, INC.

Principal Place of Business

Mailing Address

20 and 22 South 3rd Street  
Fernandina Beach, Florida 32034

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/23/1990

5. FEI Number

65-0201735

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
Pres/ D	Robert C. Warner, Jr.	22 South 3rd Street	Fernandina Beach, FL 32034
Secy/ T,D	Karen L. Warner	22 South 3rd Street	Fernandina Beach, FL 32034

8000002969128--6  
-08/25/99--01004--003  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

~~Michael S. Mullins Esq.~~  
~~Post Box 1563 - 26th Street -~~  
~~Fernandina Beach FL 32035~~

9. Name and Address of New Registered Agent

Name

Wesley R. Poole, Esq.

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

300 Centre St., Suite 200

Suite, Apt. #, Etc.

Suite 200

City

Fernandina Beach

State

FL

Zip Code

32034

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

Wesley R. Poole

REGISTERED AGENT MUST SIGN

Date 8/9/99

11. This corporation owes 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:

ROBERT C. WARNER, JR., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/99 (904) 261-3300

CR2E08 (12/98)