

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # M91942

1. Corporation Name

PONCE DE LEON RESORT AND CONVENTION CENTER, INC

Principal Place of Business

4000 U.S. HWY 1 NORTH  
P O BOX 98  
ST. AUGUSTINE FL 32096  
US

Mailing Address

1155 15TH STREET, NW  
STE 811  
WASHINGTON DC 20005  
US

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

08/01/1988

5. FEI Number

52-2919638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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	4 City / State / Zip
D	WEATHERLY, JIN-HYUN	1155 15TH ST, NW, STE 811	WASHINGTON DC
P	WEATHERLY, JIN-HYUN	1155 15TH STREET, NW, STE 811	WASHINGTON DC
			500003029845--4 -11/01/99--01004--021 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

BAILEY, JOHN D JR  
780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

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

*John D Bailey Jr*  
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John D Bailey Jr*  
REQUIRED

10/13/99 (202) 775-8130  
Date Daytime Phone #

FILED

99 OCT 19 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR25040 (8/99)