

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 14 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005915

1. Corporation Name

St. John's Village of Gulf County, Inc.

2. Principal Office Address - No P.O. Box #

559 Hwy. 71 South

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 266

Suite, Apt. #, etc.

City & State

Wewahitchka, FL

City & State

Wewahitchka, FL

Zip

32465

Country

USA

Zip

32464

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/08/2005

5. FEI Number

20-3204220

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George V. Matlock

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

2549 Barrington Circle

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

REINSTATEMENT

400214267684
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 11/14/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Jerry R. Huft	P.O. Box 595	Wewahitchka, FL
V/D	James Townsend	P.O. Box 633	Wewahitchka, FL
S/V/D	Alan McNair	P.O. Box 266	Wewahitchka, FL

10. E-mail Address: gmatlock@gulfatlantic.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ALAN MCNAIR

11/14/2011

850-544-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #