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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 3:38

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

REINSTATEMENT

9600

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # W94000005429 (S)**

**SOUTH BAY CORRECTIONAL FACILITIES FINANCING
CORPORATION
335 S. W. Second Avenue
South Bay, Florida 33409**

2. If Address is different from mailing address, enter the correct address below:

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida

11/1/94

5. FEI Number

Applied for

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s) ^a	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Director	Davis, Clifford	335 S.W. Second Avenue	South Bay, Florida 33409
Director	Michael Jackson	335 S.W. Second Avenue	South Bay, Florida 33409
Director	Kathy Miller	335 S.W. Second Avenue	South Bay, Florida 33409

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REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**David C. Self, II
400 S. Australian Avenue, Suite 700
West Palm Beach, Florida 33401**

9. If changed, new registered agent / office

Name **David C. Self, II**

Street Address (Do NOT Use P.O. Box Number) **400 Australian Avenue South, Suite 700**

Street Address (Do NOT Use P.O. Box Number)

City **West Palm Beach** State **FL** Zip **33401**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

David C. Self, II

REGISTERED AGENT MUST SIGN

Date **October 8, 1996**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. 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.)

13. 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. 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 of Officer or Director

Michael F. Fisher

Date **10/8/96**

Daytime Phone **(561) 996-3658**

Typed or printed name of signing officer or director