

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT

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



AND
FILED

1997 AUG 11 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005496**

1. Corporation Name
Ponce Inlet Taxpayers Association, INC.

Principal Place of Business
**65 BEACH ST
Ponce Inlet FL 32127**

Mailing Address
**3280-C2 S. ATLANTIC AVE
DAYTONA BEACH SHORES,
FL 32118**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | |
|---|---|--|
| 2. New Principal Office Address, If Applicable 65 BEACH ST Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable 3280-C2 S. ATLANTIC AVE Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 7/NOV/94 |
| City & State Ponce Inlet FL Zip 32127 Country USA | City & State DAYTONA BEACH SHORES FL Zip 32118 Country USA | 5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|--|--|-------------------------|
| D | FRED NEBEL | 4745 S. ATLANTIC AVE | Ponce Inlet FL 32127 |
| D | Robert PAGE | 46 S. TURN Circle | Ponce Inlet FL 32127 |
| D | RICHARD STORM | 126 OLD CARRIAGE RD | Ponce Inlet FL 32127 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
000002264530-3
-08/12/97--01050--012
****358.75 ****358.75

8. Name and Address of Current Registered Agent

**CORPORATE AGENTS
1013 CENTRE RD
WILMINGTON, DE.**

9. Name and Address of New Registered Agent

Name
HARVEY BACH
Street Address (P.O. Box Number is Not Acceptable)
65 BEACH ST
Suite, Apt. #, Etc.
City
Ponce Inlet State
FL Zip Code
32127

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
Harvey Bach
REGISTERED AGENT MUST SIGN

Date
8/9/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. STORM

Date

Daytime Phone #

9th Aug 97 788-3661 (804)

CR2E040 (12/96)