

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

99 MAY 19 AM 9:05

DEPT. OF J. STATE
TALLAHASSEE, FLORIDA

Mailing Address
909 Lowery Drive
Ft. Walton Beach FL 32547

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

909 Lowery Drive

4. Date Incorporated or Qualified To Do Business in Florida

03/20/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft Walton Beach

Zip

Country

Zip

Country

32547

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)

Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Ronnie A. Morris	909 Lowery Drive	Ft. Walton Beach FL 32547
VP/D	Stephanie McCoy	300 Timberlake Drive	Mary Esther FL 32569
D	Ernestine Woods	625 Lovejoy Road	Ft. Walton Beach FL 32548
D	Vivian Green	242 Echo Circle	Ft. Walton Beach FL 32548
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8. Name and Address of Current Registered Agent

Carter Gray
617 Lovejoy Road
Ft. Walton Beach FL 32548

9. Name and Address of New Registered Agent

Name Ronnie A. Morris

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

909 Lowery Drive

Suite, Apt. #, Etc.

City Ft. Walton Beach

State	Zip Code
FL	32547

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 Kenneth A. Mann
REGISTERED AGENT MUST SIGN

Date 13 May 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 May 58

Date _____

Daytime Phone # _____

(856) 884-1034