

# APPLICATION FOR REINSTATEMENT



**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

### 1. Corporation Name

Principal Place of Business

398 WEST POINT WASHINGTON RD.  
SANTA ROSA FL 32459

Mailing Address

398 WEST POINT WASHINGTON RD.  
SANTA ROSA FL 32459

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 &amp; State

City &amp; State

**Zip**

Country

**Zip**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/2000

5. FEI Number

59-3660976

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	HUGHES, VICTORIA J	398 WEST POINT WASHINGTON RD.	SANTA ROSA FL 32459

PVST	HUGHES, VICTORIA J	398 WEST POINT WASHINGTON RD.	SANTA ROSA FL 32459
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800004669638--3	-11/06/01--01082--009	***750.00	***750.00
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# REINSTATEMENT

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

FRANKLIN H. WATSON, P.A.  
5365 EAST COUNTY HWY. 30-A  
STE. 105  
SEAGROVE BEACH FL 32459

Name VICTORIA J. HUGHES  
Street Address (P.O. Box Number is Not Acceptable)  
398 W. Washington Rd  
Suite, Apt. #, Etc.

City	State	Zip Code
Santa Rosa Bch	FL	32459

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

Date 10-15-01

REGISTERED AGENT MUST SIGN

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

10-15-01 850-231-5567  
Date Daytime Phone #

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_