

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 18 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020925

1. Corporation Name

Magnolia & Ivy, Inc

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

Magnolia & Ivy at the Windsor Hotel

3. Mailing Office Address

Magnolia & Ivy at the Windsor Hotel

Suite, Apt. #, etc.

125 West Lamar Street

Suite, Apt. #, etc.

125 West Lamar Street

City & State

Americus, GA

City & State

Americus, GA

Zip

31709

Country

Zip

31709

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/2002

5. FEI Number  
743041362

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

Colleen Coffield Sachs

Street Address (P.O. Box Number is Not Acceptable)  
36468 Emerald Coast Parkway

Suite, Apt. #, Etc.

Old South Centre, Suite 1101

City

Destin

State

FL

Zip Code

32541

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

5/05/09

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
STD	Snipes, Kay T.	268 Long Lake Drive	Destin, FL 32550
PD	Eager, Theresa T.	4735 Papaya Park	Destin, FL 32541

10. 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 contained in Chapter 119, 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

Date

5/05/09 (850) 420-6004

Daytime Phone #