

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P92000008816

1. Corporation Name

FLAGLER BY THE SEA RESORTS INC.

Principal Place of Business

2961 N. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136

Mailing Address

69 CHRISTOPHER CT
PALM COAST FL 32137
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1970

FLAGLER BEACH FL.

32136

FLAGLER

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1992

5. FEI Number

59-3151909

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PECORA, RAYMOND C	69 CHRISTOPHER CT. 2982 N OCEANSHORE BLVD	PALM COAST FL FLAGLER BEACH FL. 32136
V	PECORA, EMILY M	69 CHRISTOPHER CT	PALM COAST FL

700002360527--5
-12/02/97--01043--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

RAYMOND C PECORA

69 CHRISTOPHER COURT
PALM COAST FL 32136

9. Name and Address of New Registered Agent

Name

RAYMOND C. PECORA

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

2982 N. OCEANSHORE BLVD

Suite, Apt. #, Etc.

City

FLAGLER BEACH FL.

State

FL

Zip Code

32136

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

Raymond C. Pecora

REGISTERED AGENT MUST SIGN

Date

11-21-97

11. This corporation owes or has paid 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:

Raymond C. Pecora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-97

Daytime Phone #

904 439-2124

FILED

97 NOV 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 97ad

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