

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # **P92000010899**

1. Corporation Name

The St. George Island House, Incorporated

2. Principal Office Address

1251 Woodward Road

Suite, Apt. #, etc.

3. Mailing Office Address

1251 Woodward Road

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

Zip

32351

Country

4. Data Incorporated or Qualified
To Do Business in Florida

12/10/92

5. FEI Number

59-3165237

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

Donald F. May, Jr.

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

1251 Woodward Road

Suite, Apt. #, Etc.

City

Quincy

State
FLZip Code
32351

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

REGISTERED AGENT MUST SIGN

Date **2-14-02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Frederick B. May	681 Forest Lair	Tallahassee, FL 32312
VP/D	Lawson May Peacock	2593 Lake Erin Drive	Tucker, GA 30084
S/D	Donald F. May, Jr.	1251 Woodward Road	Quincy, FL 32351
T/D	Patricia May Howell	2097 Chrysler Drive	Atlanta, GA 30345

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 ****600.00 ****600.00

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 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

2-14-02 850-875-9900

Date

Daytime Phone #

FILED

02 FEB 22 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA