

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1996 NOV -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000205

1. Corporation Name

**J & A MANAGEMENT COMPANY, INC. OF BLUE WATER BA
Y**

Principal Place of Business

4600 RANGE ROAD
NICEVILLE FL 32578

Mailing Address

4600 RANGE ROAD
NICEVILLE FL 32578

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1993

5. FEI Number

50-3163784

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PVD	WRIGHT, ALBERT W	108 WRIGHT DRIVE	NICEVILLE FL 32578
VP	WRIGHT, MICHAEL R Wright Albert	1803 VALPARISO BLVD #11	NICEVILLE FL 32578
			000002005390--6 -11/15/96--01008--013 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

HUTCHESON, DOUGLAS A
501 MARY ESTHER BLVD.
SUITE 1
FT WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Douglas A. Hutcheson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-28-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

10-28-96

Date

Daytime Phone

1857422