PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-99 REINSTATEMENT

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

FILED
99 MAR 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032164**

1. Corporation Name
SR-2B, INC.

Principal Place of Business	Mailing Address
9523 FRONT BEACH ROAD PANAMA CITY BEACH FL 32408	~~9523 FRONT BEACH ROAD~~ ~~PANAMA CITY BEACH FL 32408~~

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
Tebbie Marchi	128 Rose Coral Dr
Suite, Apt. #, etc. 128 Rose Coral Dr.	Suite, Apt. #, etc. Panama City Beach
City & State Panama City Beach	City & State
Zip 32408 Country Bay	Zip 32408 Country Bay

REINSTATEMENT 97-99 3/11/99

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1993

5. FEI Number: 59-3186286 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MARCHI, TEBBIE	9523 FRONT BEACH RD	PANAMA CITY BEACH FL
D	THOMPSON, LESLIE C	9523 FRONT BEACH RD	PANAMA CITY BEACH FL 32408
D	WHITE, DANNY K	9523 FRONT BEACH RD	PANAMA CITY BEACH FL 32408

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

THOMPSON, LESLIE C
9523 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name: Tebbie Marchi
Street Address (P.O. Box Number is Not Acceptable): 128 Rose Coral Dr.
Suite, Apt. #, Etc.:
City: Panama City Beach | State: FL | Zip Code: 32408

CR2E040 (8/97)

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: Tebbie Marchi (REGISTERED AGENT MUST SIGN) Date: 3-8-'99

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: Tebbie Marchi (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Tebbie Marchi

3-8-'99 Date (850)233-3184 Daytime Phone #

0005270 AF