

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

96 OCT 30 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/06/96-01025--001  
\*\*\*\*375.00 \*\*\*\*375.00



REINSTATEMENT 96

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P93000032481

1. Corporation Name

MASON-PHILLIPS PROPERTIES OF FLORIDA, INC.

Principal Place of Business

400-EAST-NORTH-STREET  
GREENVILLE-SC-29615-0044

472 Osceola Ave. South  
Jacksonville Beach, FL  
32250

Mailing Address

400-EAST-NORTH-STREET  
GREENVILLE-SC-29615-0044

472 Osceola Ave. South  
Jacksonville Beach, FL

32250 Addresses are incorrect in any way, line through incorrect information and enter correct below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/1983

5. FEI Number

59-3227739

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 CT	WINCHESTER, FLOYD	8 FAIR OAKS	GREENVILLE SC 29615
P	HANN, CHARLES E. HARTMAN, CHARLES E.	40101-ARROWHEAD-DRIVE-41024- 90 Tifton Cove North	JACKSONVILLE FL 32257 Ponte Vedra Beach, FL
S	KOCEIA, GRETCHEN N.	100 W. MTN GREEK CHURCH	GREENVILLE FL

8. Name and Address of Current Registered Agent

BECKERLEG, WILLIAM H  
HARBESON, BECKERLEG & FLETCHER  
637 PARK ST.  
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
FL		

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

W. Beckerleg

REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-24-96

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

Date

Daytime Phone #

CG0049 7786

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