

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 # **94000009967**

1. Corporation Name

EMERALD SHORE CONSULTANTS, INC.

Principal Place of Business

7 Cahaba Lane  
Destin, FL 32541

Mailing Address

P.O. Box 126  
Destin, FL 32540-0126

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

2. New Principal Office Address, If Applicable  
N/A

3. New Mailing Office Address, If Applicable  
N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/94

5. FEI Number

59-3220672

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	John M. Watson	7 Cahaba Lane	Destin, FL 32541
VP/D	Charles R. Wilson	3275 Marbon Road	Jacksonville, FL 32223
STD	W. Flynt Gallagher	2707 Sanibel Place	Gulf Breeze, FL 32561

300002689413--6  
-11/17/98-01046-003  
\*\*\*\$750.00 \*\*\*\$750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ms. Sharon Watson  
7 Cahaba Lane  
Destin, FL 32541

Name

John H. Latshaw, Jr., Esquire

Street Address (P.O. Box Number is Not Acceptable)  
3010 South Third Street

Suite, Apt. #, Etc.

c/o Patterson, Bond & Latshaw, P.A.

City

Ponte Vedra Beach, FL

State

FL

Zip Code

32250

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

REGISTERED AGENT MUST SIGN

Date 11/6/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John M. Watson, President/Director

11/6/98 (850) 654-6833

Date

Daytime Phone #

CR2E040 (1/98)