

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000017368**

1. Corporation Name

FLAGLER SHOWCASE HOME, INC.

Principal Place of Business

4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

Mailing Address

4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

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

2. New Principal Office Address, If Applicable

1 Hargrove Grade, Ste 1F
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1 Hargrove Grade
Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

USA

Zip

32137

Country

USA

FILED
OCT 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT



8/9/00 90077 025 \$508.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1994

5. FEI Number

59-3234338

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	City / State / Zip
DM	TRAUSNECK, PAMELA Mary Dorn	4996 PALM COAST PARKWAY, STE 6 1 Hargrove Grade, Ste 1F	PALM COAST FL 32137
PD	HOWELL, MARV	96 FRONTIER DR	PALM COAST FL 32137
DP	FORREST, RUSS	74 WHISPERING PINE DR	PALM COAST FL
D	SEVERINO, BUDD	1360 NORTH NOVA ROAD	DAYTONA BEACH FL 32117
D	REVELS, BARBARA	POST OFFICE BOX 434 N/A	FLAGLER BEACH FL 32136
D	Hamby, Eileen	250 Parkview Dr	Palm Coast FL 32164

8. Name and Address of Current Registered Agent

TRAUSNECK, PAMELA
4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name
Dorn, Mary
Street Address (P.O. Box Number is Not Acceptable)
1 Hargrove Grade
Suite, Apt. #, Etc.
Suite 1F
City
Palm Coast State FL Zip Code 32137

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

Mary Dorn **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Oct 18, '00

11. 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.

KE

SIGNATURE:

Mary Dorn **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 18, '00 904-445-9399
Date Daytime Phone #