

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAY 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

794000023251

Whisper Inn, Incorporated

Principal Place of Business

Mailing Address

7133 South Federal Highway
Port St. Lucie, FL 34952

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

2. New Principal Office Address, If Applicable

See Above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

See Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 25, 1994

5. FEI Number

65-0475840

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
P, T & D	Khalil Najjar	9144 South U.S. One	Port St. Lucie, FL 34952
V.P., S & D	Vernon L. Collins	129 S.W. Gettysberg	Port St. Lucie, FL 34953
D	Elfi Collins	129 S.W. Gettysberg	Port St. Lucie, FL 34953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dennis Larosa, Esquire
216 West College Avenue
Suite 202
Tallahassee, FL 32301

Name

Matthew L. Jones, Esquire

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

759 S. Federal Highway

Suite, Apt. #, Etc.

Suite 212

City

Stuart

State

FL

Zip Code

34995

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

5/12/96

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:

Khalil Najjar **KHALIL NAJJAR** 5/11/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #