

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 # P9400000H0746
1. Corporation Name
EGRET ENTERPRISES, INC.

FILED

97 OCT 24 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13 SOLANA RD
PONTE VEDRA, FL 32082
Mailing Address
13 SOLANA RD
PONTE VEDRA, FL 32082
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 017

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>7-16-96</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>NOT APPLICABLE</u>	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P</u>	<u>ROGER L. McCLUNG</u>	<u>13 SOLANA RD</u>	<u>PONTE VEDRA, FL 32082</u>

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-10/28/97--01022--008
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <u>BRANT, BILL</u>		Name <u>Brant Moore, Macdonald & Wells, P.A.</u>	
Address <u>50 NORTH LAURA ST.</u>		Address (P.O. Box Number is Not Acceptable) <u>50 North Laura St. Suite 3100</u>	
Suite, Apt. #, Etc. <u>ONE ENTERPRISE CENTER, SUITE 3100</u>		Suite, Apt. #, Etc. <u>3100</u>	
City <u>JACKSONVILLE FL 32082</u>		City <u>Jacksonville</u>	
State <u>FL</u>		State <u>FL</u>	
Zip Code <u>32202</u>		Zip Code <u>32202</u>	

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
[Signature]
REGISTERED AGENT MUST SIGN

Date

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 #

Roger L. McClung, Pres. ROGER L. McCLUNG 10/16/97 904.285.9679