

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000053668**

1. Corporation Name

**J & J INVESTMENTS OF DESTIN, INC.**

Principal Place of Business

~~222 MAIN STREET~~  
~~SUITE #16~~  
~~DESTIN, FL 32541~~

Mailing Address

~~222 MAIN STREET~~  
~~SUITE #16~~  
~~DESTIN, FL 32541~~

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

2. New Principal Office Address, If Applicable

**39987 EMERALD COAST PKWY**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**POST OFFICE BOX 5708**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**JULY 18, 1994**

5. FEI Number

**59-325501**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Add to fee required  
for Certificate of Status

City & State  
**DESTIN, FLORIDA**

Zip  
**32541**

Country

**OKALOOSA**

City & State  
**DESTIN, FLORIDA**

Zip  
**32541**

Country

**OKALOOSA**

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	JOSEPH J. ANGNER	109 TRISTA TERRACE COURT	DESTIN, FL 32541
S/T	JANE N. ANGNER	109 TRISTA TERRACE COURT	DESTIN, FL 32541

8. Name and Address of Current Registered Agent

~~DEWITT M. LOVELACE~~  
~~743 HIGHWAY 98, EAST~~  
~~SUITE # 5~~  
~~DESTIN, FLORIDA 32541~~

9. Name and Address of New Registered Agent

Name

**JOSEPH J. ANGNER**

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

**39987 EMERALD COAST PARKWAY**

Suite, Apt. #, Etc.

City

**DESTIN**

State

**FL**

Zip Code

**32541**

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

*Joseph J. Angner*  
REGISTERED AGENT MUST SIGN

Date **NOVEMBER 5, 1999**

11. This corporation owes 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:

*Joseph J. Angner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOSEPH J. ANGNER - PRESIDENT**

**NOVEMBER 5, 1999 (850) 654-4550**  
Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT **99-95**

CR2E001 (12/98)