

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

96 NOV 20 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082768**

1. Corporation Name

CLASHLEE ACRES, INC.

Principal Place of Business

9658 HIGHWAY 90 EAST
MILTON FL 32570

Mailing Address

~~9658 HIGHWAY 90 EAST~~
~~MILTON FL 32570~~

**2554 Mary Fox Drive
Gulf Breeze, FL 32561**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3299477

Applied For

Not Applicable

City & State

Gulf Breeze, FL 32561

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR COMPLETION OF THIS SECTION

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
DP	BRITT, RHONDA R	9658 HWY. 90 EAST	MILTON FL 32578
DT	BRITT, JOHN R	9658 HWY. 90 EAST	MILTON FL 32578
DV	SIMPLER, SAMMYE D	9658 HWY. 90 EAST	MILTON FL 32578
DS	SIMPLER, KENNETH J	9658 HWY. 90 EAST	MILTON FL 32578
			9000002011699--3 -11/22/96--01002--012 ****375.00 ****375.00
			DBL-21-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITT, JOHN R.

~~2900 W. BAYSHORE RD.~~
GULF BREEZE FL 32561

**2554 Mary Fox Drive
Gulf Breeze, FL 32561**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

John R. Britt Treasurer
REGISTERED AGENT MUST SIGN

Date **11-15-96**

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)(l), 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:

John R. Britt *John R. Britt* 11-15-96 984-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
432-2362

CR20040 (7/96)