

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 # P95000034622

1. Corporation Name

CAJUN INN, INC.

Principal Place of Business

Mailing Address

477 BECKRICH ROAD
SUITE B-4 & B-5
PANAMA CITY FL 32407
US

112 DOGWOOD ST
PANAMA CITY BEACH FL 32407

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

617 Azalea Street

Suite, Apt. #, etc.

City & State
Panama City Beach, FL

City & State

Zip
32408

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1995

5. FEI Number

59-2668281

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)

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
P	GILMORE, KENNETH B	112 DOGWOOD ST	PANAMA CITY BCH FL
ST	GILMORE, PAMELA A	112 DOGWOOD ST	PANAMA CITY BCH FL

REINSTATEMENT

3000002703543-7
-12/10/98-01098-019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NABORS, SCOTT R
456 HARRISON AVE
PANAMA CITY FL 32401

Name

Jack G. Williams

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

502 Harmon Avenue

Suite, Apt. #, Etc.

City

Panama City

State

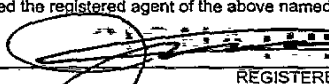
FL

Zip Code

32402

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

 **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/02/98


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)(f), 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:

 (Kenneth B. Gilmore) 11-30-98 (PS) 233-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (9/98)