

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 18 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062798

1. Corporation Name
Manatee Ray's, Inc.

Principal Place of Business Mailing Address
314 N. 1st St.
Jacksonville Beach, FL 32250

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 8/14/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3331278	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
P/D	Joseph P. Saul	1240 S. Zephyr Way	Jacksonville Beach, FL 32250
S/T	Lynn Saul	1240 S. Zephyr Way	Jacksonville Beach, FL 32250
D	Henry P. Woodburn	314 N. 1st St.	Jacksonville Beach, FL 32250
		500003052965--0 -11/23/99--01047--010 ***1050.00 ***1050.00	
REINSTATEMENT 97-99			

8. Name and Address of Current Registered Agent Lynn A. Saul 1240 S. Zephyr Way Jacksonville Beach, FL 32250		9. Name and Address of New Registered Agent Name John McE. Miller Street Address (P.O. Box Number is Not Acceptable) 333 1st St. N. 305 Suite, Apt. #, Etc. City Jacksonville Beach State FL Zip Code 32250	
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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 McE. Miller* Date 11-17-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See separate schedule 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: *Lynn A. Saul* 11-17-99 904-241-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Lynn A. Saul