

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 # P95000080065

1. Corporation Name: RSV Investments, Inc.

Principal Place of Business
815 Highway 98 East
Destin, Florida 32541

Mailing Address
815 Highway 98 East
Destin, Florida 32541

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

2. New Principal Office Address, If Applicable
146 Bay Trace
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
146 Bay TRACE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
October 16, 1995

City & State
Santa Rosa Beach, FL
Zip
32459
Country
Walton

City & State
SANTA ROSA Bch. FL
Zip
32459
Country
WALTON

5. FEI Number 59-3338466

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	M. Victor Anderson	146 Bay Trace	Santa Rosa Beach, FL 32459
Treas.	M. Victor Anderson	146 Bay Trace	Santa Rosa Beach, FL 32459
Sec.	M. Sherrod Anderson	152 Bay Trace	Santa Rosa Beach, FL 32459
			100002738381--8 -01/12/99--01073--006 ***150.00 ***150.00
			100002738381--8 -01/12/99--01073--007 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

M. Victor Anderson
Post Office Box 1393 146 BAY TRACE DR
Destin, FL 32540 SANTA ROSA Bch. FL.
32459

Name
Street Address (P.O. Box Number is Not Acceptable)
146 Bay TRACE DR.
Suite, Apt. #, Etc.

City
SANTA ROSA Bch. FL 32459
State
FL
Zip Code
32459

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 MVA
REGISTERED AGENT MUST SIGN

Date 10-11-98

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)(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:

MVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Victor Anderson, President

Date

(850) 837-9444

Daytime Phone #

FILED

99 JAN -7 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

CR2040 (1/98)