

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

Ready Bank of Fort Walton Beach Holding Company

Principal Place of Business

Mailing Address

71 NE Beal Parkway
Fort Walton Beach, FL
32548

71 NE Beal Parkway
Fort Walton Beach, FL
32548

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

NA
Suite, Apt. #, etc.

NA
Suite, Apt. #, etc.

City & State

City & State

NA

NA

Zip

Country

Zip

Country

NA

NA

NA

NA

4 Date Incorporated or Qualified
To Do Business in Florida

October 23, 1995

5 FEI Number

59-3354191

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
CD	Winston G. Walker	255 NE Yacht Club Dr.	Fort Walton Beach, FL 32548
PD	James M. Ready	105 NE Yacht Club Dr.	Fort Walton Beach, FL 32548
D VCEO	J.T. Murphy	959 Holbrook Circle	Fort Walton Beach, FL 32547
D	William F. Nicholson	6198 County Hwy 183-B	Ponce DeLeon, FL 32455
<p>REINSTATEMENT <u>97-99</u> 200003028582--7 -10/29/99--01012--004 ***1050.00 ***1050.00</p>			

8 Name and Address of Current Registered Agent

J.T. Murphy
959 Holbrook Circle
Fort Walton Beach, FL 32547

9 Name and Address of New Registered Agent

Name
Same as Current
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

J.T. Murphy
REGISTERED AGENT MUST SIGN

Date October 27, 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:

J.T. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.T. Murphy

October 27, 1999

850-243-7447

Date

Daytime Phone #

CR2001 (12/96)