

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

98 OCT 29 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090635
1. Corporation Name Kingdom Properties, Inc.

Principal Place of Business 81 Hidden Harbor Ln
Mailing Address P.O. Box 1495
Destin FL

100002676821 -- 7
-10/30/98--01057--019
****908.75 ****908.75

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 <u>11/29/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3766291</u>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <u>38.75</u> Ad. Fee for a Certificate of Status	
Zip	Country	Zip	Country		

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
D.	<u>Roxanne E. Smith</u>	<u>81 Hidden Harbor Ln</u>	<u>Destin FL 32541</u>
D.	Michael B. Smith	81 Hidden Harbor Ln	Destin FL 32541
D.	<u>Michael B. Smith</u>	<u>81 Hidden Harbor Ln</u>	<u>Destin FL 32541</u>

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent <u>Michael B. Smith, Jr.</u> <u>Robert E McGill III</u> <u>743 Highway 98 East</u> <u>Suite 5, Destin FL 32541</u>		9. Name and Address of New Registered Agent Name <u>Michael B. Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>81 Hidden Harbor Ln</u> Suite, Apt. #, Etc. City <u>Destin</u> State <u>FL</u> Zip Code <u>32541</u>	
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 <u>Michael Smith</u> REGISTERED AGENT MUST SIGN		Date <u>Oct 29/98</u>	

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dir Date 10-29-98 Daytime Phone #