

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 24 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000090635**

1. Corporation Name

*Kingdom Properties, Inc.*

Principal Place of Business

*81 Hidden Harbor Lane  
DESTIN. FL. 32541*

Mailing Address

*P.O. Box 1495.  
DESTIN. FL. 32540*

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*59-3366291*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ SS 70-2.1 (Rev. 1-1-99)  
For a complete list of states, see the back of this form.

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
<i>D</i>	<i>Roxanne E. Smith</i>	<i>81 Hidden Harbor Lane</i>	<i>DESTIN. FL. 32541</i>
<i>D</i>	<i>Michael B. Smith</i>	<i>81 Hidden Harbor Lane</i>	<i>DESTIN. FL. 32541</i>
			<i>100003060451--4</i> <i>-12/03/99--01089--018</i> <i>***758.75 ***758.75</i>

**REINSTATEMENT 99 TS**

8. Name and Address of Current Registered Agent

*Roxanne E. Smith  
81 Hidden Harbor Lane.  
DESTIN. FL. 32541*

9. Name and Address of New Registered Agent

Name

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

*Roxanne E. Smith*

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roxanne E. Smith*

Date

Daytime Phone #

*November 24, 1999 (850) 654-8545*

CS25001 (12/98)