

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1997/1997

FILED

97 OCT 27 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096767 (S)

1. Corporation Name *St. Thomas Square Properties Inc.*  
*P.O. Box 9778*  
*Panama City Beach, FL 32417*

Principal Place of Business  
*7510 Thomas Drive*  
*Panama City Beach, FL*  
*32408*

Mailing Address  
*P.O. Box 9778*  
*Panama City Beach, FL*  
*32417*

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

*12-22-95*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*59-3462248*

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
VP	<i>Myra H. Hodges</i>	<i>1204 St. Mary Road</i> <i>Cottonwood, AL 36320</i>	<i>Cottonwood, AL</i> <i>36320</i>
SIT	<i>Mable D. Hodger</i>	<i>1204 St. Mary Road</i> <i>Cottonwood, AL 36320</i>	<i>Cottonwood, AL</i> <i>36320</i>
P	<i>Carlos Hodges</i>	<i>7101 Beachwood Blvd.</i> <i>Panama City Beach, FL 32417</i>	<i>Panama City Beach, FL</i> <i>32417</i>
			<i>70000233267-0</i> <i>-10/29/97--01128--007</i> <i>****915.00 ****915.00</i>

8. Name and Address of Current Registered Agent

*Carlos Hodges*  
*P.O. Box 9778 - 7510 THOMAS DR. (32408)*  
*Panama City Beach, FL 32417*

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 *Carlos E. Hodges*  
REGISTERED AGENT MUST SIGN

Date *10-22-97*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Carlos E. Hodges*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10-22-97*  
Date

*850-233-1394*  
Daytime Phone #

CR2E040 (12/96)