

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 28 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005579

1. Corporation Name

PREMIER PROPERTIES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

151 REGIONS WAY, SUITE A
DESTIN FL 32541

151 REGIONS WAY, SUITE A
DESTIN FL 32541



REINSTATEMENT

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

01/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3358397

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)

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
B	LOMAY, BRENDA	151 REGIONS WAY	DESTIN FL
RP	LOMAX, JOHN T	151 REGION WAY #4A	DESTIN FL 32541
D	Kilpatrick, Glenn	151 Regions Way #4A	Destin, FL 32541
			100002725491--0
			-12/29/98--01087--007
			***1517.50 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWEN, DAVID A
743 HWY 98, EAST, SUITE #5
DESTIN FL 32541

Name John T Lomax
Street Address (P.O. Box Number is Not Acceptable)
151 Regions Way #4A
Suite, Apt. #, Etc.

City Destin, FL State FL Zip Code 32541

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

John T Lomax
REGISTERED AGENT MUST SIGN

Date 12/28/98

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:

John T Lomax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/98 (850) 654-6090

Daytime Phone #