| PLEASE READ A | ALL INSTRU | JCTIONS | BEFORE C | OMPLETI | NG THIS FORM. | |
|--|--|---|---|---|--|---|
| APPLICATION FOR REINSTATEMENT | FOR FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
| DOCUMENT # P96000012654 | | | | 99 OCT 21 PM 2: 25 | | |
| 1. Corporation Name STONE CREEK LODGE, INC. | | | | | 33 001 21 (1 | 2.50 |
| Principal Place of Business 201 N. Franklin Street Suite 2505 Tampa, FL 33602 | Suite 2505 Tampa, FL 33602 | | | REINSTATEMENT 99 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 201 N. Franklin Street 201 N. Franklin Street | | | | 4. Date Incorpo | DO NOT WRITE IN THIS SPA | CE |
| Suite Apr Territoria | | | | Februa | ess in Florida 1ry 6, 1996 | |
| rtv & State City & State | | FI - ST | | 5. FEI Number 59-3365 | | Applied For Not Applicable |
| Támpa, FL Zip 33602 Country USA | Tampa, F | Country | ÍSA | 6. CERTIFICATE | | Additional Fee required a Certificate of Status |
| 7 Names and Street Addresses of Each Officer and/o | | onprofit corpora | tions must list at leas | st 3 directors) | | |
| Trile(s) Name of Officers and/or Directors 2 3 (I | | | Street Address of Each Officer and/or Director Use Post Office Box Numbers) 4 | | | e / Zip |
| D Michael L. Cone | | 6735 S. Lois Avenue | | | Tampa, FL 33616 | |
| | | | | | - · · · · · · · · · · · · · · · · · · · | |
| | | | | | *. | |
| | | 800003033 -11/02/9901096023 ****\$50.00 ****\$50.00 | | | | 103137 01036023 |
| | | | | ####200.00 *****200.00 | | |
| 8. Name and Address of Current R | egistered Agent | | Name | 9. Name and A | ddress of New Registered Ag | ent |
| | | | | J. Prevatt, Esq. | | |
| Tampa, FL 33602 | 11 te 2505 | 201 N. Suite, Apt. #, Etc. | | Franklin Street | | |
| | | City State Zip Code | | | | |
| 10. I being appointed the registered agent of the abov | e named corporation | n, am familiar wit | Tampa th and accept the ob | ligations of Section | FL | 33602 |
| Signature of Registered Agent Yaren S | Preva | TT | | | Date 10/13 | 199 |
| 11. Does this corporation pay a Dept. of Revenue under S. | | | | ☐ No ☐ | (See other side t on intangi | |
| 12 I do hereby certify that the information supplied wirlease the Division of Corporations from any liability certify that I am an officer or director or the receivithis reinstatement application the reason for disso fees owed by the corporation have been paid. The under oath | of non-compliance was or trustee empower | with Section 119 ered to execute | 0.07(3)(k) in the ever this application as p porate name satisfies cation is true and ac | nt that the informa | ation supplied is deemed exemp apter 607 or 617, F.S. I further is of section 607.0401 or 617.0 signature shall have the same | ot from public access. I |
| SIGNATURE: | TED NAME OF SIGNIN | | | -1-21 | 11 | me Phone # |