

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -8 AM 11:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000025825*

1. Corporation Name

Fawn Hollow Properties, INC.

2. Principal Office Address - No P.O. Box #

2827 Dunhill Dr.

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32926

Country

Brevard

3. Mailing Office Address

Same 2827 Dunhill Dr.

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32926

Country

Brevard

700114244327
01/08/08--01005--018 **900.00

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/1986

5. FEI Number

593378494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David A. Franklin

Street Address (P.O. Box Number is Not Acceptable)

2827 Dunhill Dr.

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David A. Franklin

Date *1-2-08*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	DAVID A. FRANKLIN	2827 Dunhill Dr.	Cocoa FL 32926
VD	Charles E. Blaziev	226 Foothills Dr.	Seymour Tn. 37865

10. 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 contained in Chapter 119, 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:

David A. Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-08

Daytime Phone #