

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 DEC 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
98AR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031879

1. Corporation Name

RESORT RESOURCES, INC.

Principal Place of Business

P.O. BOX 881
DESTIN FL 32540

Mailing Address

P.O. BOX 881
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

04/11/1996

5. FEI Number

59-3470593

Applied For

Not Applicable

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
D	CATRINO, KENNETH A	1690 OLD HIGHWAY 98 EAST 8TH 3655 SCENIC HWY. 98 205A	DESTIN FL 32541

3000002712503-5
-12/15/98--01033--005
****150.00 ****150.00

12/10

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name KENNETH A. CATRINO
Street Address (P.O. Box Number is Not Acceptable)
3655 SCENIC HWY. 98
Suite, Apt. #, Etc.
205-A
City DESTIN
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

Kenneth A. Catrino SIGNED
REGISTERED AGENT MUST SIGN

Date 12-3-98

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)(f), 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:

Kenneth A. Catrino SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-98
Date

800-837-5120
Daytime Phone #

**RESORT RESOURCES, INC.
3655 SCENIC HWY. 98 - 205A
DESTIN, FL. 32541**

**Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314-6327
Attn: Sean Toner**

RE: Reinstatement Application

Dear Mr. Toner:

Thank you for your email back regarding my corporation reinstatement. Enclosed is my application with changes and signatures . As I explained in my email, I have had difficulty with receiving and the prompt processing of renewal forms from the State. Now that I have made the registered agent change, I do not expect any problems with future renewals.

Also enclosed is payment of \$150 along with application. Thank you for your assistance in this matter.

Yours truly,



**Ken Catrino
President,
Resort Resources, Inc.**