

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000077621

1. Corporation Name

FOUNTAIN PARTNERS, INC.

Principal Place of Business

106 BENNING DRIVE
SUITE 9
DESTIN FL 32541

Mailing Address

106 BENNING DRIVE
SUITE 9
DESTIN FL 32541

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1996

5. FEI Number

59-3417903

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)

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
P	Timm Shores	217 Calhoun Ave Destin, FL	Destin, FL 32541
VP	David Williams	4120 Indian Trail Destin, FL	Destin FL 32541

7000002346847-6
-11/13/97-01089-018
***750.00 ***750.00

11/13

8. Name and Address of Current Registered Agent

MATTEWS, DANA C ESQ.
807 HIGHWAY 98 EAST
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name: **Timm Shores**
Street Address (P.O. Box Number Is Not Acceptable):
217 Calhoun Ave
Suite, Apt. #, Etc.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date: **11/6/97**

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:

[Signature]

Timm Shores

Date: **11/6/97**

837-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)