

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 JUN 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086618 (1)

1. Corporation Name

ST. Andrews Harbour Realty, Corp.

Principal Place of Business

1123 Beck Ave
Panama City
FLA. 32401

Mailing Address

1123 Beck Ave
Panama City
FLA. 32401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1123 Beck Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Panama City FLA

Zip

32401

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

59-3414155

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
1	POST McVeigh, John B	1123 Beck Ave	Panama City, FL 32401
			200002566572--8 -06/19/98--01113--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

McVeigh, John
1123 Beck Ave
Panama City FLA - 32401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 McVeigh
REGISTERED AGENT MUST SIGN

Date 6/2/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McVeigh

6/2/98

Date

850
769-7653

Daytime Phone #

2

TO Whom It MAY concern:

I had A change of Address
And did not recive the Annual Report.
Please set ASide the Late Fee.

Thank You

John McVeigh Pres