

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 # P96000101147**

1. Corporation Name

**MIRAMAR PLACE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**34 BAY DRIVE SE  
FORT WALTON BEACH FL 32540**

**34 BAY DRIVE SE  
FORT WALTON BEACH 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

3. New Mailing Office Address, If Applicable

**323 Page Bacon Rd  
Suite, Apt. #, etc.  
17  
City & State  
Mary Esther, FL  
Zip  
32569  
Country  
Ohaloosa**

**323 Page Bacon Rd  
Suite, Apt. #, etc.  
17  
City & State  
Mary Esther, FL  
Zip  
32569  
Country  
Ohaloosa**

4. Date Incorporated or Qualified To Do Business in Florida

**12/16/1996**

5. FEI Number

**59-3424247**

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
PD	MCMICHAEL, GARY	610 BRIAN CIRCLE	MARY ESTHER FL 32569
VD	MITCHELL, EARL	24 BAY DRIVE SE	FORT WALTON BEACH FL 32548
TD	MITCHELL, SYLVE	24 BAY DRIVE SE	FORT WALTON BEACH FL 32548
SD	MCMICHAEL, LISA	610 BRIAN CIRCLE	MARY ESTHER FL 32569
			000002345130--5 -11/12/97--01098--001 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

**MCMICHAEL, GARY  
323 PAGE BACON ROAD  
MARY ESTHER FL 32569**

9. Name and Address of New Registered Agent

**Name  
Gary W. McMichael  
Street Address (P.O. Box Number is Not Acceptable)  
323 Page Bacon Road  
Suite, Apt. #, Etc.  
17  
City  
Mary Esther  
State  
FL  
Zip Code  
32569**

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

**Gary W. McMichael**

REGISTERED AGENT MUST SIGN

Date **10-24-97**

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:

**Gary W. McMichael**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-97**

Date

**850  
244-4143**

Daytime Phone #

CR20040 (8/97)

**Miramar Place Developers, Inc.  
323 Page Bacon Road, Suite 17  
Mary Esther, FL 32569  
850-244-4143**

October 27, 1997

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document P96000101147  
FEI No. 59-3424247

We have received a Notice of Administrative Dissolution or Revocation. We are a new corporation and did not received the first notice. The address that is on file is incorrect, I have crossed it out and provided the correct address.

I am enclosing a check for \$165.00, per the instructions of a telephone representative that I spoke with this morning.

I appreciate your understanding and leniency.

Very truly yours,



Lisa V. McMichael  
Secretary