

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10815

APPLICATION FOR REINSTATEMENT

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

FILED

98 NOV 12 AM 11:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000013000**

1. Corporation Name

Postban of the Emerald Coast, Inc

Principal Place of Business

Mailing Address

**W 6940 250th St
 Knapp Wis 54749**

200002690782--2
 -11/18/98-01071-016
 ****150.00 ****150.00

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

2. New Principal Office Address, If Applicable Box 5031		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified Do Do Business in Florida 2-70-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3427450	
City & State Destin FL		City & State		Applied For Not Applicable	
Zip 32540	Country OKA DOASH	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres	Richard D Wyss	122 Azalea Dr	Destin FL 32540

8. Name and Address of Current Registered Agent

**Richard D Wyss
 Box 5031
 122 Azalea Dr
 Destin FL 32540**

9. Name and Address of New Registered Agent

Name Same
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

Richard D Wyss
 REGISTERED AGENT MUST SIGN

Date

Nov 6 - 1998

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

Richard D Wyss

Date

Nov - 6 - 1998

Daytime Phone #

CP2E040 (1/98)