

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 15 AM 9:18

DOCUMENT # P97000046465

1. Corporation Name  
T.O.T.G., INC.

Principal Place of Business  
4203 HIGHWAY 98  
MEXICO BEACH FL 32410

Mailing Address  
POST OFFICE BOX 14009  
MEXICO BEACH FL 32410



REINSTATEMENT 99

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3460399

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D/P	HALL, RANDY I	302 PLANTATION DRIVE	QUITMAN GA 31643
<del>D</del>	<del>O'NEAL, DANNY</del>	<del>1101 W. SCREVEN STREET</del>	<del>QUITMAN GA 31643</del>
5	Schultz, MARK	1415 INDIAN PASS RD	Port ST Joe, FL 32456
			100003021781-3
			-10/22/99--01014--003
			***750.00 ***750.00
			10/12/99

8. Name and Address of Current Registered Agent

BONDURANT, FRANK E  
4450 LAFAYETTE STREET  
MARIANNA FL 32446

9. Name and Address of New Registered Agent

Name MARK SCHULTZ  
Street Address (P.O. Box Number is Not Acceptable)  
1415 INDIAN PASS RD  
Suite, Apt. #, Etc.

City Port ST Joe

State FL

Zip Code 32456

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

REGISTERED AGENT MUST SIGN

Date 10/13/99

11. 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

RANDY I. HALL

10/13/99

Date

850-648-5275

Daytime Phone #