

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JUL 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050141

1. Corporation Name

SALT RUN DEVELOPMENT CORPORATION

400003339434--3
-07/28/00--01060--012
***1050.00 ***1050.00

2. Principal Office Address

5 WILLARD DRIVE

3. Mailing Office Address

5 WILLARD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

ST. JOHNS

Zip

32086

Country

ST. JOHNS

REINSTATEMENT 9800

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/97

5. FEI Number

59-3527369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William L. Pace

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

3290 Kings Rd South

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-20-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILLIAM L. PACE	3689 LONE WOLF TRAIL	ST. AUGUSTINE, FL 32086
STD	D.W. RANDALL	5 WILLARD DRIVE	ST. AUGUSTINE, FL 32086

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-20-00

Daytime Phone #

KE

CR2E081 (9/99)