

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

4100 OCEAN BLVD.
ATLANTIC BEACH FL 32233

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

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Country

zip

Country

07/23/1997

59-3461620

Applied **SP**
Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐

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

700003058967--8
-12/02/98-01059-002
***750.00 ***750.00

9. Name and Address of New Registered Agent

Name Peggy Walker
Street Address (P.O. Box Number is Not Acceptable)
1165 Ocean Blvd
City, State, Zip
Atlantic Beach State FL

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 11-15-99

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 807 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 807.0401 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)(f), 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

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