PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION - FOR REINSTATEMENT	Sandra B. Mortham Secretary of State		rtham State	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # P9700006466 1. Corporation Name .ST. ANDREWS HARBOR APARTM		G.			01 MAY 21 PM 2:	÷ 01
Principal Place of Business 3900 MARRIOTT DR., BAYTOWN FRANAMA CITY BEACH, FL 32411		-		RFIN	STATEMEI	NT09-()
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable Suite, Apt. #, etc.	P. O. E		ng Office Address, If Applicable Box 27730		orated or Qualified ness in Florida 7/28/97	SF
		a City Beach, FL 🛷 🔝		5. FEI Number 5934588 6.	336	Applied For Not Applicable 75 Additional Fee required
Zip Country USA	Zip 32411	-	ŚA	CENTIFICATE OF STATUS DESIRED		
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2 Director 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sti Oi 3 (Do NOT U	reet Address of Each fficer and/or Director Jse Post Office Box N	l Numbers)	4	tate / Zip
PVST Williams, John T.		3900 Marr	iott Dr., B	Baytown #1	4 Panama City	y, FL 32411
				70	101044362 -06/20/014- ***1200/07	7 97 5 107 1170.00
				70	00004432 -06/20/010 ***1200.00	01069031
8. Name and Address of Current Registered Agent				9. Name and A	Address of New Registered	
John T. Williams -3900-Marriott-Dr., Baytown-#14 Panama City Beach, FL 32411			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
An Mean	City State Zip Code FL					
10. I bein appointed the registered agent of the above Signature of Registered Agent	· · · · · · · · · · · · · · · · · · ·	ration, am familiar w ENT MUST SIGN	ith and accept the op	ligations of Section	Date	o/
11. This corporation owes or ha	s paid they tax due	e current yea June 30.	ar Yes 🗖	No 🖾		de for information igible tax.)
12. Teertify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the no on this application is true and accurate, and my sig	lution has been e ames of individu	eliminated, the corpo uals listed on this for	orate name satisfies tl m do not qualify for a	he requirements on the exemption under	of section 607.0401 or 617.04	101, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRIN	U COLLEGE STEEL NAME OF ST	Joh	nn T. Willia DRECTOR	4/8/ ams,_Pres	4444	233-6521 cytime Phone #