PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98.99 AR

(1)

DOCUMENT # P97000065851

1. Corporation Name
Carrabelle General Store Inc.

FILED
99 MAR -1 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
103 W Hwy 98
Carrabelle, Fl. 32322

Mailing Address
P.O. Box 783
Carrabelle, Fl. 32322

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
7/30/97

5. FEI Number
59-346-5603
Applied For
Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
owner	Freda M. White	103 W Hwy 98 P.O. Box 783	Carrabelle, Fl. 32322

100002799501--9
-03/09/99--01087--005
****300.00 ****300.00

8. Name and Address of Current Registered Agent
Freda M. White
P.O. Box 797
Carrabelle, Fl. 32322

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
103 W Hwy 98
Suite, Apt. #, Etc
City | State FL | Zip Code

CR2E081 (12/98)

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: Freda M. White
REGISTERED AGENT MUST SIGN

Date 2-8-99

11. This corporation owes 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: Freda M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99
Date

850-697-2644
Daytime Phone #

(2)

To Whom It May Concern,

We had not received our annual corporation report for 1998 or 1999 - We called your office and were told that our report had been returned "not deliverable". Your agent sent us a new form which we have completed. The mailing address was incorrect. He told us you could check this in your computer records. We have corrected this to the best of our knowledge. He indicated we should include a check for $300.00. If you need further information or whatever please call,

Thanks,
Freda White

850-697-2644