

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP -1 PM 12: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000086955**

1. Corporation Name

Natchez Resort 1997, Inc.

2. Principal Office Address - No P.O. Box #

One South Ocean Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

294

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1997

5. FEI Number

65-0799566

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

Gary S. Phillips

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

375-S

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date 8/30/2010

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
P	Jean Francois Roy	One South Ocean Dr, Suite 204	Boca Raton, FL 33432

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

8-30-10

561-416-2099

9/2/20