

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 17 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000105559

**1. Corporation Name**

COQUINA KEY OF ORMOND, INC.

**2. Principal Office Address**

4000 Ocean Shore Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32176

Country

Volusia

**3. Mailing Office Address**

P.O. Box 1446

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip

32136

Country

Flagler

**4. Date Incorporated or Qualified  
To Do Business in Florida**

December 16, 1997

**5. FEI Number**

59-3484118

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

John Ledbetter

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

3080 John Anderson Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

100003344101-4

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\*\*\*1058.75 \*\*\*1058.75

**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

Date 7/13/00

REGISTERED AGENT MUST SIGN

**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/D	Timothy J. Hassler	4000 Ocean Shore Blvd.	Ormond Beach, FL 32176
S/T/D	John Ledbetter	3080 John Anderson	Ormond Beach, FL 32176

REINSTATEMENT 98-0 TS

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00

Date

(904) 441-0079

Daytime Phone #