

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000028503

1. Corporation Name

RUM ISLAND DEVELOPMENT INC

Principal Place of Business

Mailing Address

8139 CARMONA ST
NAVARRE FL 32566

8139 CARMONA ST
NAVARRE FL 32566

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1998

5. FEI Number

59-3512131

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PT	ROY, PHILLIP V	8139 CARMONA ST	NAVARRE FL 32566
VP	ROY, PHILLIP V	8139 CARMONA ST	NAVARRE FL 32566
ST	RAVEN, BRUCE	184 NE EGLIN PKWY	FORT WALTON BEACH FL 32548

500004739555-8

-12/26/01-01087-013

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROY, PHILLIP V
8139 CARMONA ST
GULF BREEZE FL 32566

Name
ROY PHILLIP V

Street Address (P.O. Box Number is Not Acceptable)
8139 CARMONA ST

Suite, Apt. #, Etc.

City
NAVARRE

State
FL

Zip Code
32566

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

Date 13 October 2001

REGISTERED AGENT MUST SIGN

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 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:

PHILLIP V ROY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 OCT 2001 850-217-5628

CR2000 (801)

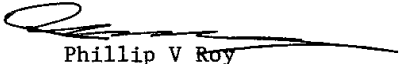
TO WHOM IT MAY CONCERN:

4 December 2001

Reference telephone conversation this date.

Attached is previous request for Reinstatement along with new check in the amount of 150.00.

Sincerely



Phillip V Roy
President
Rum Island Development Inc

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14 October 2001

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TO WHOM IT MAY CONCERN:

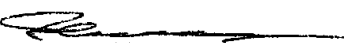
Reference is made to conservation of 12 October 2001. I am enclosing check for \$150.00 along with the Application for Reinstatement.

In our area we have had recent address change thru the new Post Office.

Some of my mail is still going to the old address even if the new address is correct. Because of this occurrence I did not receive the Annual Report that is to be filed yearly.

On the application for Reinstatement in Block 8 I have change the city address from Gulf Breeze Fl to Navarre Fl.

Sincerely


Phillip V Roy
President