

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043211

1. Corporation Name

LITTLE TORCH SANDBAR, INC.

Principal Place of Business

Mailing Address

LOT 5 BARRY AVENUE
BIG PINE KEY FL 33043

P.O. BOX 431866
BIG PINE KEY FL 33043



99-02

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-083 4448

Not Applicable

Zip

Country

Zip

Country

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	City / State / Zip 4
D	CONLEY, ROGER W	224 ASHBY CIRCLE 1202 GASTINEAU LANE	VERSAILLES KY 40383
D	PREVATT	141 PIRATES RD	33042 LITTLE TORCH KEY, FL

800009803518
01/03/03--01019--017 **1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESKINE, LARRY R
31211 AVENUE A
BIG PINE KEY FL 33043

Name

PREVATT BANKS G

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

141 PIRATES RD

Suite, Apt. #, Etc.

City

LITTLE TORCH KEY

State

FL

Zip Code

33042

CR2E040 (8/98)

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

SIGNATURE REQUIRED

Date 12/26/02

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.

305-872-0331

SIGNATURE:

SIGNATURE REQUIRED
G. Prevatt

Date

Daytime Phone #