

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 PM 12:16

DOCUMENT # P98000044452

1. Corporation Name

NORTH FLORIDA PROPERTY HOLDINGS, INC.

Principal Place of Business

Mailing Address

185 CYPRESS POINT PARKWAY #7
PALM COAST FL 32164

185 CYPRESS POINT PARKWAY #7
PALM COAST FL 32164



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

05/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3511334

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	GAZZOLI, JOHN R	3 COLE PLACE	PALM COAST FL 32137
ST	Gazzoli, Robert	57 Eagle Harbor Tr.	Palm Coast, Fl. 32164

400003029964--4
-11/01/93--01010--015
****450.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUNTARP, PAUL M JR.
185 CYPRESS POINT PARKWAY
SUITE 6
PALM COAST FL 32164

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert Gazzoli
REGISTERED AGENT MUST SIGN

Date 10/20/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gazzoli Robert Gazzoli 10/20/99

Date

Daytime Phone #



October 20, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I received notification on October 19, 1999 that the following three corporations (Applications for Reinstatement enclosed) were dissolved: SeaGate International Marketing, Inc., North Florida Property Holdings, Inc., and SeaGate Home Realty, Inc.

Upon receipt of this notice I immediately called the Division of Corporations and explained that I thought the renewals had been sent in prior to the original deadline, and that I had never received notification that the reports were delinquent until now. Unfortunately, at this point the corporations were already dissolved.

I was instructed by a representative of the Division of Corporations to write this letter and return the Application for Reinstatement with the \$150 fee for each corporation.

I am very sorry that this problem has occurred had no idea that the reports were delinquent. I hope the enclosed Application for Reinstatement and fees will reinstate each of the corporations to an "active" status. Thank you for your consideration.

Please contact me at (904) 445-9009, ext. 104 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Gazzoli".

Robert Gazzoli
Officer For Each Corporation