

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # **p9800DD51184**

1. Corporation Name

Fuller Properties of N. Fla., Inc.

2. Principal Office Address

703 Bluefish Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 28105

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

USA

City & State

Panama City, FL

Zip

32411

Country

USA

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

6/5/98

5. FEI Number

59-3522831

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

Charles W. Fuller 7000008674687

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

703 Bluefish Drive

Suite, Apt. #, Etc.

City

Panama City Beach

**State
FL**

Zip Code

32408

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 10/25/02

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	Charles W. Fuller	703 Bluefish Drive	Panama City Beach, FL 32408
S	John W. Fuller	5505 Sun Harbor Rd #103	Panama City, FL 32401

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:

Charles W. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02 850-277-7006

Date

Daytime Phone #

CR2E081 (9/01)

11/5/02
aw

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Fuller Properties of N. Fla., Inc.
PO Box 28105
Panama City, FL 32411
850-233-7006
fullerproperties@comcast.net

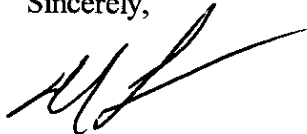
October 25, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please find enclosed my application for corporate reinstatement and a check for \$150.00.
Please waive any fees associated with this late reinstatement as my address has changed
and I never received a form by mail.

Sincerely,



Charles W. Fuller
President