

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11

APPLICATION FOR 1999 A.R.  FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 29 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052614
1. Corporation Name
LAGOON ESTATES PARTNERS, INC.

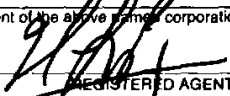
Principal Place of Business Mailing Address
390 WAHOO RD
PANAMA CITY, FL 32408

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 June 10, 1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 432 MCKENBIE AVE		5. FEI Number 59-3516845	
City & State		City & State PANAMA CITY		Applied For Not Applicable	
Zip	Country USA	Zip	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Instructions for proper use of Certificate of Status</small>	

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DAVE HILL	390 WAHOO RD	PANAMA CITY, FL 32408
V	JANICE HILL	Same	
S	JANICE HILL	Same	

8. Name and Address of Current Registered Agent Henry L Perry 432 MCKENBIE AVENUE PANAMA CITY, FL 32408		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 11/23/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:  11/24/99 850 2346756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (12/98)

PITTMAN & PERRY, P.A.

ATTORNEYS AT LAW

C. WES PITTMAN, P.A.
H. LAWRENCE PERRY, P.A.*
SAM K. ZAWAHRY
* Also admitted in AL & GA.

432 MCKENZIE AVENUE
PANAMA CITY, FLORIDA 32401

MAILING ADDRESS
POST OFFICE BOX 710
PANAMA CITY, FLORIDA 32402-0710
TELEPHONE (850) 784-9000
FAX (850) 783-8787

November 24, 1999

Overnight Delivery
Division of Corporations
Reinstatement Section
State of Florida
P. O. Box 6327
Tallahassee, FL 32314

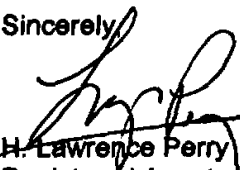
RE: Reinstatement of LAGOON ESTATES PARTNERS, INC.
P98000052614

Dear Reinstatement Section:

Enclosed please find a copy of the completed application for reinstatement of LAGOON ESTATES PARTNERS, INC. corporation. It was involuntarily dissolved when the yearly corporate reports were not filed. I spoke with Stacy last week and she informed me that the notice mailings to the corporation were returned; therefore, the reinstatement charges / late charges DO NOT apply.

If you have any questions, please contact me at 850-784-9000 extension 217.

Sincerely,


H. Lawrence Perry
Registered Agent

HLP/hlp

Enclosure: Reinstatement Application and check \$158.75