

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 24 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066617

1. Corporation Name

Santa Rosa Plaza, Inc.

Principal Place of Business

1214 US Hwy 98 East
Ft. Walton Beach, FL
32548

Mailing Address

Post Office Box 1268
Phenix City, AL
36868

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

07/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2405252

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Kenneth L. Funderburk	1313 Broad Street	Phenix City, AL 36868
V.P.	GEORGE COPELAN	1313 Broad St	Phenix City, AL 36867

800003440838--7
-10/26/00--01078--016
****750.00 ****750.00

REINSTATEMENT 00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

W. Wade Wallace
10221 West Emerald Coast Parkway, Suite 26
Destin, FL 32550

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

W. Wade Wallace

REGISTERED AGENT MUST SIGN

Date

10/23/00

11. Corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

I, the undersigned, being 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 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 due 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

10/24/00

334/297-2900

Date

Daytime Phone #

CP2E081 (12/98)