

CAPITAL CONNECTION

850 222 1222

10/18 '99 12:19 NO.165 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 OCT 20 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074167

1. Corporation Name

Lagoon Development, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

623 Lagoon Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

623 Lagoon Drive

Suite, Apt. #, etc.

City &amp; State

Destin, Florida

City &amp; State

Destin, Florida

Zip

32541

Country

USA

Zip

32541

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 25, 1998

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐

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
D/P/S/T	Lewis Jordan	610 Wingspread	Peachtree City, GA 30269
			700003021807--0 -10/22/99--01014--021 *****8.75 *****8.75
			700003021807--0 -10/22/99--01014--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROBERT E. MCGILL, III, P.A.  
Robert E. McGill, III  
36008 Emerald Coast Parkway, Suite 301  
Destin, Florida 32541

9. Name and Address of New Registered Agent

Name

N/A

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

REGISTERED AGENT MUST SIGN

Date

10/18/99

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. 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  
LEWIS JORDAN, PRESIDENT

Date

(770) 631-8538

Daytime Phone #