

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

00 FEB 24 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **98000098672**

1. Corporation Name

**Tropical Beach Walk, Inc.**

Principal Place of Business

Mailing Address

**106 Benning Drive, Suite #7  
Destin, FL 32541**

Same

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

**11/24/98**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied F

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee for  
Extra 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Jack Wellborn	106 Benning Drive, Suite #7	Destin, FL 32541
			400003161504--6
			03/08/00--01014--009
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

**Bruce A. Haught  
501 Highway 98, Suite G  
Destin, FL 32541**

9. Name and Address of New Registered Agent

Name

**P. Colleen Coffield**

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

**1719 S. County Hwy 393**

Suite, Apt. #, Etc.

City

**Santa Rosa Beach**

State

**FL**

Zip Code

**32459**

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

*[Signature]*  
REGISTERED AGENT SIGN

Date

**2/23/00**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack J. Wellborn Jr.**

**2-23-00**  
Date

**850-837-2498**  
Daytime Phone

**KE**