

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 21 PM 3:02

DOCUMENT # P99000050621

1. Corporation Name

S. MALONE HARVILLE, P.A.

Principal Place of Business

Mailing Address

242 BROOKS ST., S.E.  
FT. WALTON BEACH FL 32548

242 BROOKS ST., S.E.  
FT. WALTON BEACH FL 32548

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

2. New Principal Office Address, If Applicable

34894 EMERALD COAST PKY  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

34894 EMERALD COAST PKY  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1999

Sp

5. FEI Number

59-3578246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Destin, FL

Zip

32544

Country

USA

City & State

Destin, FL

Zip

32544

Country

USA

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 3	City / State / Zip 4
D	HARVILLE, S. MALONE	242 BROOKS ST., S.E.	FT. WALTON BEACH FL 32548

300004435198-1  
-06/21/01--01050--013  
\*\*\*900.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

HARVILLE, S. MALONE  
242 BROOKS ST., S.E.  
FT. WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

Name

SAME

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

34894 EMERALD COAST PARKWAY

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

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

S. Malone Harville  
REGISTERED AGENT MUST SIGN

Date

05/17/01

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:

S. Malone Harville  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/17/01 850-27-0761

Daytime Phone #

CR2E040 (8/00)