

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000090144

1. Corporation Name

Coral Sea II of Carrabelle, Inc.

2. Principal Office Address

700 Marine Street

3. Mailing Office Address

PO Box 147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Carrabelle 71

City & State

Carrabelle 71

Zip

32322

Country

USA
Franklin

Zip

32322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-08-1999

5. FEI Number

59-3601581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Lee Morris II

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

700 Marine Street

Suite, Apt. #, Etc.

City

Carrabelle

State
FL

Zip Code

32322

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeffrey Lee Morris II

REGISTERED AGENT MUST SIGN

Date 11-11-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jeffrey Lee Morris II	700 Marine Street	Carrabelle 71 32322

10. 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:

Jeffrey Lee Morris II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02 850 697 3301

Date

Daytime Phone #

CR2E081 (8/01)

11/20

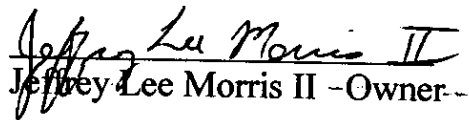
Coral Sea II of Carrabelle Inc.
P.O.Box 147
Carrabelle , Fl.32322
850-697-3301
850-697-2693 fax

To: Florida Dept. of State
Division of Corporations
P.O.Box 1500
Tall., Fl.32302-1500

To Whom it May Concern:

We did not receive our 2000 Uniform Business Report. When I had notice that this corporation was dissolved, I called to reinstate and was told that the 2000 report had been returned to your office by the post office, and that the reinstatement fee would be \$450.00. All correspondence should go to the P.O.Box 147 Carrabelle address. Enclosed are the reinstatement application and a check for the reinstatement fee plus certificate of status fee, for a total of \$458.75. If you have any questions please call.

sincerely


Jeffrey Lee Morris II -Owner-