## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Katherine Harris <del>انکشانه BO</del>R Secretary of State FILFD REINSTATEMENT DIVISION OF CORPORATIONS 00 APR 21 AM 11: 43 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA 15A and Eleven, Inc. Mailing Address Principal Place of Business 34 Audubon Lane Flagler Beach, FL 32136 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 4/11/91 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3060098 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status USA USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors (Do NOT Use Post Office Box Numbers) Dir. JamessE. White 34 Audubon Lane Flagler Beach, FL Gerald S. Williams, Jr. 724 S. Beach Street Daytona Beach, FL 32114 Dir <del>300003245013</del> -05/09/00--01101--006 \*\*\*1500.00 \*\*\*1500.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Donald E. Hawkins Edgar M. Dunn, Jr. CR2E081 Street Address (P.O. Box Number is Not Acceptable) 501 South Ridgewood Avenue 347 South Ridgewood Avenue Daytona Beach, FL 32114 Suite, Apt. #, Etc. Daytona Beach, FL 32114 Zip Code State City am familiar with and accept the obligations of Section 607.0505, F.S gistered agent of the above named corporation Signature of Registered Age NT MUST SIGN REGISTERED 11. This corporation owes the current year (See other side for information

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 free and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Zip

Gerald S. William 🕻 Jr.

Intangible Personal Property Tax due June 30.

TURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

Date

No L

Daytime Phone #

on intangible tax.)