

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 PM 2:46

DOCUMENT #

1. Corporation Name

S46664
OLD KING'S ROAD, INC.

2. Principal Office Address

3512 CAROLINE BLVD PO Box 958

Suite, Apt. #, etc.

3. Mailing Office Address

3512 CAROLINE BLVD PO Box 958

Suite, Apt. #, etc.

City & State

Penney Farms, FL Penney Farms, FL

Zip

Country

32079 USA

Zip

Country

32079 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1991

5. FEI Number

593092958

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

Mildred M. Suttle

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

3512 Caroline Blvd.

Suite, Apt. #, etc.

Mailing address PO Box 958

City

Penney

State
FL

Zip Code

32079

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

Mildred M. Suttle

Date

REGISTERED AGENT MUST SIGN

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
DP	ROBERT L. SUTTLE	3512 Caroline Blvd	Penney Farms, FL 32079
VP	Olma Nemrava	7 Nantucket Dr.	Palm Coast, FL 32137
ST	Mildred M. SUTTLE	3512 Caroline Blvd	Penney Farms FL 32079

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

Robert L. Suttle, ROBERT L. SUTTLE, OCT. 19, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904.284-9198

10/22 cw