

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC - 5 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53756

1. Corporation Name

JAS COASTAL REALTY, INC.

Principal Place of Business

39987 EMERALD COAST PKWY
DESTIN FL 32541
US

Mailing Address

POST OFFICE BOX 5708
DESTIN FL 32540

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1991

5. FEI Number

59-3070625

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a 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
PD	SHARPE, JAMES A	4233 MARYSA DR	NICEVILLE FL 32578
VD	SHARPE, ANNE	4233 MARYSA DR	NICEVILLE FL 32578
S	CARR, SHANNON	4233 MARYSA DR (New Address) 736 St. Thomas Cove	NICEVILLE FL 32578 (same)

REINSTATEMENT

400002368974-4

-12/11/97--01008--006

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, STEVE
1234 AIRPORT ROAD
SUITE 106
DESTIN FL 32541

New Address

Name

Street Address (P.O. Box Number is Not Acceptable)
36468 EMERALD COAST PARKWAY

Suite, Apt. #, Etc.

SUITE 2201

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **OCTOBER 31, 1997**

11. This corporation owes or has paid 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.

(850) 654-4550

SIGNATURE:

[Signature]

JAMES A. SHARPE- PRESIDENT OCTOBER 31, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR26040 (8/97)