

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -8 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Y42411**

1. Corporation Name

Egmont Park, Inc.

WO4-43197

REINSTATEMENT 96-04

2. Principal Office Address

1947 Citrona Drive

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip
32034

Country
USA

3. Mailing Office Address

1947 Citrona Drive

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

593134129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300043300533
12/09/04--01031--005 **158.75

7. Name and Address of Current Registered Agent

Name

A. Jeffrey Tomassetti, Esq.

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

406 Ash Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State
FL

Zip Code
32034

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

[Signature]

Date **11/16/09**

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
P/D	C. K. Owens	1947 Citrona Drive	Fernandina Beach, FL 32034

100043899881
11/19/04--01043--007 **1800.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/09 (904) 261-7181

CR2E081 (10/02)