

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # V61435

1. Corporation Name

C & T Land Development Company
Incorporated

03 OCT 14 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1020 W Beach Dr

3. Mailing Office Address

P.O. Drawer 111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

USA

Zip

32402-0111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3139796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Jesse C Cogburn Jr

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

1020 W Beach Dr

Suite, Apt. #, Etc.

City

Panama City

State
FL

Zip Code

32401

800023818896
10/15/03-01057-007 **100.00

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

REGISTERED AGENT MUST SIGN

Date October 11, 2003

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	Jesse C. Cogburn Jr	1020 W Beach Drive	Panama City, FL 32401
D	Trina J Cogburn	1020 W Beach Drive	Panama City, FL 32401

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

10/11/2003 850-769-3908

Date

Daytime Phone #

CR2E081 (10/02)