

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


APPROVED
AND
FILED

05 MAR 14 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
MRS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751811
1. Corporation Name
The Oceanna Condominium Association, INC

2. Principal Office Address 8000 Surf Drive Suite, Apt. #, etc.		3. Mailing Office Address /	
City & State Panama City Bch, FL		City & State /	
Zip 32408	Country Bay	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/31/1980
5. FEI Number / 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: Brian Hess
Street Address (P.O. Box Number is Not Acceptable): 9108 Front Bch Rd
Suite, Apt. #, Etc.: /
City: Panama City Bch
State: FL Zip Code: 32407

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: 2/17/05
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
Pres	Leonard Merida	P.O. Box 86	Floyd, VA 24091
VP	Robert Shafer	1131 Rocky Rd	Lawrenceville, GA 30044
T.S	David Payne	8132 S Layton Drive	Panama City Bch, FL
ID	Jerry Kilgore	1128 TrailBlazer Way NW	Lilburn, GA 30047
VPres	Leon Humphries	5330 Suwanee Dam Rd	Suwanee, GA 30024

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] PRES. LEONARD C. MERIDA 3-7-05 540-745-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)