

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 755522

1. Corporation Name

moondrifter Owners Assoc., Inc.

Principal Place of Business

Mailing Address

8815 Thomas Drive
Panama City Beach, FL 32408

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P	Neil Murphy	Rt 2, Box 29	DonaLsonville, GA 31745
V.	Sylvia Sims	205 Amberidge Tr.	Atlanta, GA 30328
J.	Shirley Withers	816 SW Longview Terr.	Lee's Summit, MO 64081
S	Shirley Stiles	104 Paloma Dr.	Leesburg, GA 31763
D	Doris Hutchinson	1536 Westwood Dr	Albany, GA 31707
D	Pam Andrews	1672 Derbyshire Dr	Tallahassee, FL 32312

8. Name and Address of Current Registered Agent

Mynta S. Harbison
5704 Hilltop Ave
Panama City Beach, FL 32408

9. Name and Address of New Registered Agent

Mynta S. Harbison
5704 Hilltop Ave
Panama City Beach, FL 32408

State FL Zip Code 32408

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

Mynta S. Harbison
REGISTERED AGENT MUST SIGN

Date 1-20-99
500002780935-4

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

*****the fee is ***** on intangible tax) 25

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.

SIGNATURE:

Neil Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

912-861-3881
Daytime Phone #

99 FEB 17 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99

4. Date Incorporated or Qualified To Do Business in Florida

1980

5. FEI Number

59-3201796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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-02/19/99-01074-000
****236.25 State ****236.25

CR2081 (12-98)