

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **759782**

1. Corporation Name
HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
140 MONACO STREET DESTIN FL 32550 US	140 MONACO STREET DESTIN FL 32550 US



REINSTATEMENT 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2216960	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
S	STOVER, PETE	2021 BANEBERRY DR	BIRMINGHAM AL 35244
T	MCCARTNEY, JOHN	232 GREENBRIAR EST DR	SAINT LOUIS MO 63122
D	CLARKE, EDDIE	8325 WALNUT HILL LANE	DALLAS TX
P	PAGE, CHRIS WATTS, Joe	140 MONACO ST, #503 157 N. UNION St.	DESTIN FL 32541 CANTON, MS 39046
D	HARRISON, MIKE	140 MONACO ST. #101	DESTIN FL 32541
D	SANDERS, BJ	116 47 ISLAND AVE	MATLACHA, FL 33993

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PAGE, CHRIS 140 MONACO STREET, #503 #101 DESTIN FL 32550		Name MIKE HARRISON	
		Street Address (P.O. Box Number is Not Acceptable) 140 MONACO ST	
		Suite, Apt. #, Etc. UNIT 101	
		City Destin	State Zip Code FL 32550

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. or 617.0505, F.S.

Signature of Registered Agent: Mike Harrison Date: 11-05-03

REGISTERED AGENT MUST SIGN

11. 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: B.J. Sanders Date: 11/05/03 Daytime Phone #: (850) 837-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)