PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 OBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760087

1. Corporation Name

SANTA ROSA SHORES HOMEOWNERS, INC. OF SANTA ROSA COUNTY, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 6003 GULF BREEZE FL 32561	P.O. BOX 6003 GULF BREEZE FL ~~32561~~

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 32563	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/1981

5. FEI Number: 59-2932146 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MCPHERSON, JOE	3356 LAUREL DR	GULF BREEZE FL 32561
DT	LITTLE, WILLIAM	3481 HILLSIDE DR.	GULF BREEZE FL 32561
~~SD~~ SP	~~WILLIS, PAUL~~ RON WILLIAMS	~~1279-G REDWOOD LANE~~ 3374 CRESTVIEW LN	~~GULF BREEZE FL 32561~~ GULF BREEZE, FL. 32563
DVP DVP	~~WILSON, JOHN~~ RICK ~~BRAUNER~~ BRAWNER	~~3373 CIRCLE DR.~~ 1087 SEABREEZE LN	~~GULF BREEZE FL 32561~~ GULF BREEZE, FL 32563
		700008637237 10/28/02--01125--004 **61.25	

8. Name and Address of Current Registered Agent

MCPHERSON, JOE
3356 LAUREL DR.
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/02)

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: Joe McPherson SIGNATURE REQUIRED — Date: 10/22/02
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: JOE McPHERSON SIGNATURE REQUIRED Joe McPherson — 10/22/02 Date — 850-932-1180 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02

SANTA ROSA SHORES HOMEOWNERS,INC.

POST OFFICE BOX 6003
GULF BREEZE, FLORIDA 32561-6003

FLORIDA DEPARTMENT OF STATE

Reference: Document Number 760087

To whom it may concern:

Please be advised that we have not received the two prior requests for renewal form of our Not For Profit Corporation, Santa Rosa Shores Homeowners, Inc. of Santa Rosa County, Fl. We do have a new zip code since we last renewed, as you will note on our application. Please accept this form, along with our fee of $61.25, to reinstate our corporation. You may reach me at 850-932-1180, if there are any questions.

Sincerely, Joe McPherson

Date

President, of Santa Rosa Shores Homeowners, Inc.