

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700849

1. Corporation Name
OCEAN HARBOUR VILLAS OWNERS ASSOCIATION

Principal Place of Business Mailing Address
**4035 N. A2A #11
FT. PIERCE, FL 34949**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

99

| | | | | | |
|--|---------|--|---------|--|--|
| 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. | | 5. FEI Number | |
| City & State | | City & State | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-----------------------|
| (0) | President MARCEL DANCOUIT, D.O.S. | 228 McNAUGHTON DR. | COLUMBUS, Ohio 43213 |
| (0) | Vice-President Lew Gilliland | 4035 N. A2A #19 | FT. PIERCE, FL 34949 |
| (0) | Secretary SANDRA WHITLEY | 4035 N. A2A #11 | FT. PIERCE, FL 34949 |
| | | | 4000002776024--4 |
| | | | -02/15/99--01133--015 |
| | | | ****542.50 ****541.50 |
| | | | 542.50 |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| SANDRA WHITLEY | | Name | |
| 4035 N. A2A #11 | | Street Address (P.O. Box Number is Not Acceptable) | |
| FT. PIERCE, FL 34949 | | Suite, Apt. #, Etc. | |
| | | City | |
| | | State FL Zip Code | |

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 Sandra C. Whitley
REGISTERED AGENT MUST SIGN

Date 1-5-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

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: Sandra C. Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA C. WHITLEY

1-5-99
Date

561-595-0010
Daytime Phone #