

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002428

1. Corporation Name

MUIRFIELD AT SEASCAPE CONDOMINIUM ASSOCIATION, INC.

400074808544
05/18/06--01008--014 **358.75

REGISTRATION 04-06
CR2E081 (12/05)

2. Principal Office Address

348 Enterprise Drive

Suite, Apt. #, etc.

3. Mailing Office Address

348 Enterprise Drive

Suite, Apt. #, etc.

City & State

Valdosta, Georgia

City & State

Valdosta, Georgia

Zip

31601

Country

USA

Zip

31601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 12, 2000

5. EEL Number

59-3640183

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

Dana C. Matthews

Street Address (P.O. Box Number is Not Acceptable)

4475 Legendary Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Dana C. Matthews
REGISTERED AGENT MUST SIGN

Date March 30, 2006

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
D/P	Angus G. Andrews, Jr.	P.O. Box 405	DeFuniak Springs, FL 32435
D/VP	C. Wayne Jones	184 Twelve Oaks Lane	Freeport, FL 32439
D/S	Kevin King	348 Enterprise Drive	Valdosta, GA 31601
D/T	R. Ryan Holmes	348 Enterprise Drive	Valdosta, GA 31601
			SP

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 contained in Chapter 119, 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:

C. Wayne Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #