

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
07 OCT 15 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004789

1. Corporation Name

ENCHANTED ESTATES HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
4 LAGUNA STREET3. Mailing Office Address
4 LAGUNA STREETSuite, Apt. #, etc.
SUITE 201Suite, Apt. #, etc.
SUITE 201City & State
FORT WALTON BEACH, FLCity & State
FORT WALTON BEACH, FLZip
32548Country
USAZip
32548Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida JULY 20, 20005. FBI Number
522292342Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD M. COLBERT

Street Address (P.O. Box Number is Not Acceptable)
4 LAGUNA STREETSuite, Apt. #, Etc.
SUITE 101City
FORT WALTON BEACHState
FLZip Code
32548☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-12-07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	JEFFREY L. SCHWEIZER	4 LAGUNA STREET SUITE 201	FORT WALTON BEACH FL 32548
D/V/S	RICHARD M. COLBERT	4 LAGUNA STREET SUITE 101	FORT WALTON BEACH FL 32548
D/V/T	AL GREENE	102 CHASE RUN	DESTIN FL 32550

REINSTATEMENT

RH

10-07

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 807 or 817, 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 807.0401 or 817.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD M. COLBERT, DIRECTOR, VP, SECRETARY

Date

10-12-07 850-244-0320

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000 x 2923
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

ENCHANTED ESTATES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$236.25

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Corporate Filing Menu

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