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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Secretary				EPARTMENT OF STATE cretary of State on of corporations		FILED 05 SEP 22 PM 4:57		
DOCUMENT # N0100004060 1. Corporation Name CLUB CABANA AT PENSACOLA CONDOMINIUM ASSOCIATION, INC.					SECRETALY WATE TANISHED FROM FROM SECRETARY			
2. Principal 17131	_	3. Mailing Office Address 5006 Choctaw Avenue			CR2E081 (8/05)			
Suite, Apt#	t, etc.	Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 06/07/01			
City & State Pensa	cola, FL	City & State Pensacola, FL		5. FEI Number 59-3733		Applied For Not Applicable		
^{Zip} 32507	Country Escambia	^{Zip} 32507		Country Escambia	6.	OF STATUS DESIDED S8.75 A	dditional Fee required	
	7. Name and Address of Current Registered Agent							
	Brian Stephenson 5006 Choctaw Avenue Suite, Apt. #, Etc. State Fensacola State FL 32507							
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 Date ### Date ##								
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	
P/D	Geoffrey Hughes		53 Bellegrove Drive			Destrehan, LA 70047		
S/D	Pat Diaz-Verson		3 Mountainbrook Court		Columbus, GA 31904			
T/D	Fred Slocum		17131 Perdido Key Drive #601		Pensacola, FL 32507			
	TATES		0		50 097227	005987156 1501042008 **	5 358.75	
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 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: SIGNATURE AND TYPED OR/PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR Date Daytime Phone #								