PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000 7089

1. Corporation Name

Dune Crest Townhomes Homeowners' Association Inc.

REINSTATEMENT 05

CR2E081 (8/05)

2. Principal Office Address
8226 Thomas Drive

3. Mailing Office Address
1465 Chickasaw St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City Beach, FL

City & State
Dothen, AL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
14 1881281

☐ Applied For
☐ Not Applicable

Zip
32408

Country

Zip
36303

Country

6. CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Cliff Mendheim

Street Address (P.O. Box Number is Not Acceptable)
8226 Thomas Drive

Suite, Apt. #, Etc.

City
Panama City Beach

State
FL

Zip Code
32408

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 _____
REGISTERED AGENT MUST SIGN

Date 12/27/05

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
Tres	Cliff Mendheim	1465 Chickasaw St.	Dothen, AL 36303
			12/22/05 01042 010
			236·25

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

12/27/05
Date

(334) 793-3377
Daytime Phone #

12/29