

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

**APPLICATION FOR REINSTATEMENT**

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



DOCUMENT # N09839

W97-23914

**FILED**  
 97 NOV -4 PM 3:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name

SEALOFT OWNERS ASSOCIATION INC.

Principal Place of Business ~~c/o Walter E. Aye~~  
~~3000 First Florida Tower~~  
~~Tampa, FL 33602~~

Mailing Address ~~c/o Walter E. Aye~~  
~~3000 First Fla Tower~~  
~~Tampa, FL 33602~~

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

**REINSTATEMENT** 23914

2. New Principal Office Address, if Applicable 612 Hwy 98 East Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable c/o Willa Merriott P.O. Box 663		4. Date Incorporated or Qualified To Do Business in Florida 6/18/85	
City & State Destin, FL		City & State Destin, FL		5. FEI Number 59-2586021	
Zip 32541	Country U.S.	Zip 32541	Country U.S.	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
P/D	Alwal Moore	13197 Maple Drive	St. Louis MO 63127
V/D	Mary Ruth Rouse	3460 Hwy 98 E	Destin, FL 32541
S/T/D	Nora Lee Conrad	632 Couch	Kirkland, MO 63122
500002388945--D -11/05/97--01070--024 ****910.00 ****910.00			

8. Name and Address of Current Registered Agent

Walter E. Aye  
 3000 First Florida Tower  
 Tampa, FL 33602

9. Name and Address of New Registered Agent

Name Dana C. Matthews Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 607 Highway 98 E  
 Suite, Apt. #, Etc.  
 City Destin, State FL Zip Code 32541

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Mary Ruth Rouse, Vice-President

10/14/97  
 Date

830-837-1925  
 Daytime Phone #

CFR2040 (12/96)