

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2016 OCT 18 AM 6:55

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N 12437

1. Corporation Name
*Tradewinds Condominium Owners
Association, Inc.*

2. Principal Office Address - No P.O. Box #
2250 SCENIC GULF DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR BEACH FL.

Zip Country
32550 Walton

4. Date Incorporated or Qualified
To Do Business in Florida *12/09/1985*

5. FEI Number Applied For
59-0788761 Not Applicable

6. CERTIFICATE OF STATUS DESIRED YES
\$8.75 Additional Fee required for a Certificate of Status

OCT 17 2016
L BERGER

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
Sue Hollingsworth TREASURER

Street Address (P.O. Box Number is Not Acceptable)
2250 SCENIC GULF DRIVE

Suite, Apt. #, Etc.

City State Zip Code
MIRAMAR BEACH FL 32550

400291340674
10/18/16--01004--031 **245.00

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 *Sue Hollingsworth* Date *October 13, 2016*
REGISTERED AGENT MUST SIGN

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	YEP, CALVIN	4026 LYNDBURST PLACE	SUGARLAND, TEXAS 77479-3200
T	HOLLINGSWORTH, SUE	106 ARCADIA DRIVE	TUSCALOOSA, AL 35404
V	RUSSELL, WILLIAM	2537 CHIMNEY SPRING DRIVE	MARIETTA, GA. 30062
S	THRESHER, RICHARD	334 N LONG GROVE ROAD	CECILIA, KY 42724
D	CASSIDY, MARK	P.O. Box 8273	GRADSDEN, AL. 35902
D	SMITH, KEITH	416 STATHAMS WAY	WARNER ROBINS, GA 31088
D	YAMPOLSKY, ELIA	#32 2250 SCENIC GULF DR.	MIRAMAR BEACH, FL, 32550

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Sue Hollingsworth* *Sue Hollingsworth* *Oct 30, 2016* *205 553-0833 H*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 2016

850 837 5559 Assoc