

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -1 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002733**

1. Corporation Name

**St. Andrews Park Place Condominium
Association, Inc.**

2. Principal Office Address

4421 Thomas Drive

Suite, Apt. #, etc.

3. Mailing Office Address

4421 Thomas Drive

Suite, Apt. #, etc.

City & State

Panama City Beach, Florida

City & State

Panama City Beach, Florida

Zip

32407

Country

USA

Zip

32407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/94

5. FEI Number

63-1101631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

[Handwritten Signature]
REINSTATEMENT 95-00

7. Name and Address of Current Registered Agent

Name

Joe T. Malugen

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

4421 Thomas Drive

Suite, Apt. #, Etc.

Unit No. 1001

City

Panama City Beach

State

FL

Zip Code

32407

800003308058-3

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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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **5/31/00**

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
Pres. & Dir.	David W. Parsons	9 Twin Oaks Lane	Dothan, Alabama 36303
V.P. & Dir.	Joe T. Malugen	Unit 1001, 4421 Thomas Dr.	Panama City Beach, Florida 32407
Sec. & Dir.	Susan DeLacroix	104 Rick Bridge Road	Dothan, Alabama 36303

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

Date

(334) 793-9747

Daytime Phone #

CR2E081 (9/99)