

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 APR -4 PM 3: 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *NA5000003448*
 1. Corporation Name
Emerald Towers West Owners Association, Inc.

Principal Place of Business Mailing Address
780 Sundail Court Ft. Walton Beach, FL 32548 **208 Hood Street, SE Ft. Walton Beach, FL 32548**

REINSTATEMENT *26-97*

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
July 20, 1995

5. FEI Number Applied For
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida not-for-profit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|-------------|-----------------------------------|---|----------------------------|
| Pres/D | Vic Deal | 208 Hood Street, Southeast | Ft. Walton Beach, FL 32548 |
| Vice Pres/D | Fred Klein | 2004 Tucker Road | Perry, GA 31069 |
| Secy/D | Shirli Deal | 208 Hood Street, Southeast | Ft. Walton Beach, FL 32548 |
| Treas | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent
Mrs W. Burke
Burke & Blue, P.A.
221 McKenzie Avenue
Panama City, FL 32401

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code

400002136644-4
04/08/97-01085-003
*****297.50 ****297.50*
FL

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 *March 26, 1997*

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]* **3/27/97** **7042436161**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)