

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 13 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000001185**

1. Corporation Name  
**Key West of Perdido Key Homeowners' Association, Inc.**

Principal Place of Business Mailing Address  
**226 Palafox Place Ninth Floor Seville Tower Pensacola, FL 32501**      **226 Palafox Place Ninth Floor Seville Tower Pensacola, FL 32501**

**REINSTATEMENT 98-99**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>3/3/97</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Zip	Country	Zip	Country		

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
D	Goss, David L.	2130 6th Ave. SE, Ste. 304	Decatur, AL 35601
D	Hayes, Lenny L.	1535 Blackhall Lane SE	Decatur, AL 35601
D	Hayes, Madge	1535 Blackhall Lane SE	Decatur, AL 35601
			800003107508--0 01/24/00-01011-021 ****297.50 ****297.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Shell, Stephen B. 226 Palafox Place Ninth Floor Seville Tower Pensacola, FL 32501</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **David L. Goss** **12-3-99** Date Daytime Phone # **256-355-2030** **KE**