PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -8 PM 2:36

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006766

1. Corporation Name

TWO PALM HOMEOWNERS ASSOCIATION OF GULF COUNTY, INC.

Principal Place of Business	Mailing Address
401 CECIL G. COSTIN. SR., BLVD. PORT ST. JOE FL 32456	POST OFFICE BOX 368 PORT ST. JOE FL 32456

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/1999

5. FEI Number: 59-3617542 ☐ 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 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	4 City / State / Zip
PD	COX, MIKE	~~404 FLEETWOOD TRAIL~~ 110 WEST SEASCAPE DR	MARIETTA GA 30064 Port St. JOE, FL 32456
VPD	HUMPHRIES, JANICE	PO BOX 4	JEFFERSONVILLE GA 31044
~~SVP~~	~~NEWMAN, GEORGE S JR~~	~~PO BOX 501~~	~~PORT ST. JOE FL 32457~~
STD	DUBOSE, DAVID	3000 Dundee CIR	Birmingham, Al. 35213

8. Name and Address of Current Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-5-02

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED 11-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Val

To: State people -

I didn't get the

June form you sent

out. Please reinstate

our corporation.

Thanks

Mike Cot

* Rejection letter of 6/6

Not received.