

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N37252

1. Corporation Name

PIRATES COVE INLET CONDOMINIUM III, INC.

Principal Place of Business

Mailing Address

101 CAIN ROAD
UNIT U
PANAMA CITY BEACH FL 32413
US

101 CAIN ROAD
UNIT U
PANAMA CITY BEACH FL 32413
US

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

03/20/1990

SP

5. FEI Number

59-3136207

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ROBERTS, ETTA	376 DENNIS SMITH ROAD	PINE MOUNTAIN CA 31822
D	SCHMERTMANN, GLORIA	1565 BLOCKFORD COURTE	TALLAHASSEE FL 32311
T	CHUCK, LEDFORD	4094 RUSSIAN RIVER DR	COLLEGE PARK GA 30349

000002974700--3
-08/31/99-01051-016
****306.25 ****306.25

8. Name and Address of Current Registered Agent

ROBERTS, ETTA
101 CAIN ROAD
101 S CAIN RD.
PANAMA CITY BEACH FL 32413

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

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

Etta Roberts

REQUIRED

REGISTERED AGENT MUST SIGN

Date 7-24-99

11. This corporation owes or has paid 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:

Charles E. Ledford
TREASURER
LEDFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/99

Daytime Phone #

850
233-4855