

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762967

1. Corporation Name

Shoreline Garden Townhomes Owners' Association

2. Principal Office Address - No P.O. Box #

930 Gulf Shore Dr.

Suite, Apt. #, etc.

Unit 13

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

930 Gulf Shore Dr.

Suite, Apt. #, etc.

Unit 13

City & State

Destin, FL

Zip

32541

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida **04/23/1982**

5. FEI Number

592427747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Allen

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

930 Gulf Shore Dr.

Suite, Apt. #, Etc.

Unit 8

City

Destin

State

FL

Zip Code

32541

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Charles Allen

Date **9/17/2008**

REGISTERED AGENT MUST SIGN

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.	Charles Allen	930 Gulf Shore Dr. Unit 8	Destin, FL 32541
V	Sandra Heitmeyer	930 Gulf Shore Dr. Unit 20	Destin, FL 32541
S/T	Victor Nicolas	930 Gulf Shore Dr. Unit 17	Destin, FL 32541
D	Dan Ambruso	930 Gulf Shore Dr. Unit 10	Destin, FL 32541
REINSTATEMENT 01-08			
400136139934 09/19/08--01008--003 **297.50			

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 contained in Chapter 119, 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:

Victor Nicolas **VICTOR NICOLAS**

Date

9/17/2008

Daytime Phone #

850-8376384