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
96 NOV 27 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 711706

1. Corporation Name

SEASIDE GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
462 63RD ST P.O. BOX 1603 HOLMES BEACH FL 34217 US	13 SEASIDE COURT P.O. BOX 1603 HOLMES BEACH FL 33509-1603

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

REINSTATEMENT 96 AR

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: 10/27/1966

5. FEI Number: 59-1202374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	WYLA, SKENE	419 63RD STREET	HOLMES BEACH FL
PD	EDWARDS, LEE R	462 63RD ST.	HOLMES BCH, FL 00000
VPD	VEROSTEC, FRANK	424 62ND ST	HOLMES BEACH FL
D	COLLINS, BRUCE	407 - 63RD ST	HOLMES BEACH FL
D	ELDRIDGE, JACK	28 SEASIDE CT	HOLMES BEACH FL
D	BLAIR, DAVE	SEASIDE CT	HOLMES BCH, FL 00000

8. Name and Address of Current Registered Agent

EDWARDS, LEE R
462 - 63RD ST
HOLMES BCH FL 34217

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

100002017341--4
-12/03/96--01022--010
****236.25 ****236.25

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: Lee R Edwards REQUIRED Date: 11/22/96
REGISTERED AGENT MUST SIGN

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 Lee R Edwards REQUIRED Pres — Date: 11/22/96 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)