

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 PM 2:27

DOCUMENT # **718731**

1. Corporation Name

Ormond by the Sea Association, Inc

Principal Place of Business

Mailing Address

1601 Oceanshore Blvd.  
Ormond Beach, FL 32176

REINSTATEMENT **00-01**

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

6/23/70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2314359

Applied For

Not Applicable

City & State

City & State

Zip

Country

Volusia

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Julius Hobbs "D"	2602 Dorene Dr	Plant City FL 33566
Sect	Danny Lockwood "D"	<del>6495 White Mill Rd</del> <del>P.O. Box 982</del>	Westminister S.C 29693
Tres	Hugh Huffaker "D"	7 Hidden Brook Ln	Signal Mountain Tennessee, 37337

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12/28/01--01016--009  
\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Joan Ferguson "M"

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

2901 John Anderson Dr

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

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

Date 11/20/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/01

Date

813-752-7704

Daytime Phone #

CR2E040 (12/98)