

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 AUG 30 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727221

1. Corporation Name

St Augustine Shores Civic Association, Inc

2. Principal Office Address - No P.O. Box #  
790 Cristina Blvd

Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 861042

Suite, Apt. #, etc.

City & State  
St Augustine

Zip  
32086

Country  
St Johns

City & State  
St Augustine

Zip  
32086

Country  
St Johns

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-1735713

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  
Kevin A Dunne

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

Suite, Apt. #, Etc.

City  
St Augustine

State Zip Code  
FL 32086

☐ 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 607.0595 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

08/30/07 01035-002 \*\*358.75

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
P	Kevin A Dunne	443 Gloria St	St Augustine FL 32086
S	Deborah O Dunne	443 Gloria St	St Augustine FL 32086
T	Ron Pricenor	639 Aleida Dr	St Augustine FL 32086
D	Evelyn McCann	1067 Espinado Dr	St Augustine FL 32086
D			St Augustine FL 32086
D			St Augustine FL 32086

REINSTATEMENT 05-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/07 904 687-309