

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 4:43

DOCUMENT # 734320

1. Corporation Name

SEAHORSE Condominium Association INC.

2. Principal Office Address

955 FT. PICKENS Rd

Suite, Apt. #, etc.

N

City & State

PENSACOLA BEACH FL

Zip

32561

Country

Escambia

3. Mailing Office Address

955 FT. PICKENS Rd

Suite, Apt. #, etc.

N

City & State

PENSACOLA BEACH FL.

Zip

32561

Country

Escambia

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-13-1975

5. FEI Number

59-1648564

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

Robert K Harris

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

955 FT. PICKENS Rd

Suite, Apt. #, Etc.

N

City

PENSACOLA BEACH

State
FL

Zip Code

32561

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

X Robert K Harris

REGISTERED AGENT MUST SIGN

Date X Dec 8 2000

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
PD	Robert K Harris	955 FT. PICKENS Rd PENSACOLA BEACH FL.	PENSACOLA FL 32561
D	Robbie Richey	410 E. BELMONT	PENSACOLA FL 32501
D	Veronica Greskovich	4320 MONTALVO	PENSACOLA FL 32504
D	Ted Welsh	3881 Captains Way	GULF BREEZE FL 32561
D	Jim Weeks	15 Cambellton Lane	PENSACOLA FL 32506

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 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:

X Robert K Harris

Robert K HARRIS

11-8-2000

850 932-2864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/99)