

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737741

1. Corporation Name

PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 341
GULF BREEZE FL 32562
US

PO BOX 341
GULF BREEZE FL 32562
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
04 APR -6 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04
900030820559
03/22/04--01014--010 **236.25

4. Date Incorporated or Qualified To Do Business in Florida	01/05/1977
5. FEI Number	59-1714109
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMPANELLA, THOMAS SMITH, GARY	106 SIQUENZA DR. P.O. BOX 1 FT. PICKENS RD.	PENSACOLA, FL 32561 PENSACOLA BEACH, FL 32561
TD	TURK, KENNETH E. BARRETT, JOHN	1600 VIA DE LUNA #E-108 5 CALLE TRAVIESA	PENSACOLA BEACH FL 32561
SD	MAGYAROSS, DEBRA	1710 VIA DE LUNA	PENSACOLA BEACH FL 32561

900030820559
04/06/04--01003--003 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CAMPANELLA, THOMAS~~ JOHN C. BARRETT
~~106 SIQUENZA DR.~~ 5 CALLE TRAVIESA
~~PENSACOLA BEACH FL 32561~~

Name
JOHN C. BARRETT
Street Address (P.O. Box Number is Not Acceptable)
5 CALLE TRAVIESA
Suite, Apt. #, Etc.

City
PENSACOLA BEACH, FL
State
FL
Zip Code
32561

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. or 617.0505, F.S.

Signature of
Registered Agent

John C. Barrett
REGISTERED AGENT MUST SIGN

Date 3/14/04

11. 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:

John C. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04 (850) 934-8953
Date Daytime Phone #