

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 20 AM 9:51

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741383**

1. Corporation Name

**MARINER EAST OWNERS
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

6211 Thomas Dr

3. Mailing Office Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Zip

32407

Country

BAH

Zip

Country

200188860912

12/20/10--01041--008 **306.25

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-19-1978

5. FEI Number

59-1847107

☐ 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

MARCIA ADAMS

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

6211 Thomas Dr.

Suite, Apt. #, Etc

#600

City

Panama City Beach

State

FL

Zip Code

32407

REINSTATEMENT

*ad
12/21*

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

Marcia Adams

REGISTERED AGENT MUST SIGN

Date

12-10-10

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
Pres	MARCIA ADAMS	6211 Thomas Dr. #610	Panama City Beach FL 32407
Vice pres	KEITH ADAMS	6211 Thomas Dr #202	Panama City Beach FL 32407
Sec	CINDY OWENS	6211 Thomas Dr #103	PANAMA CITY BEACH, FL
Trea.	RON TERRELL	6211 Thomas Dr #601	Panama City Beach FL 32407
AT- LARGE	KATHY CHANDLER	6211 Thomas Dr #205	PANAMA CITY BEACH, FL

10. E-mail Address: **lamarchandler@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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:

Marcia Adams, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-10

Daytime Phone #

770-315-5881