## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED  14 FEB 11 AM 9: 34		
DOCUMENT # 741820 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Coquina Isle Condominium Association, Inc.							
			Office Address				
Suite, Apt. #, etc.	liop Court	240 Miracle Strip Parkway S.E. Suite, Apt. #, etc.		CR2E081 (11/10)			
					Date Incorporated or Qualified     To Do Business in Florida		
		Fort Walton Beach / FL		02/24/1978 5. FEI Numb 5918843		Applied For Not Applicable	
32548	USA	32548	USA .	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					-		
Dennis Ritter							
Street Address (P.O. Box Number is Not Acceptable) 240 Miracle Strip Parkway S.E.				1			
Suite, Apt. #, Etc.				1,	OOGEES	20701	
City					.0025663 11/1401021	012 **358.75	
Fort Walton Beach  8. I, being appointed the pegistered agent of the apove named corporation, am familiar with and accept the object.				bligations of sect	ion 607.0505 or 617.0503.	F.S.	
Signature of Manual Active				2/4/11			
Registered Agent REGISTERED AGENT MUST SIGN					Date	7	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas							
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / 5	State / Zip	
DP	Dennis Ritter 113 Magnolia Av		Magnolia Aven	ue S.E.	Fort Walton Be	each / FL / 32548	
DV	David B. Connart		530 Beach Drive		Destin / I	FL / 32541	
DST	Julia Holmes 184 N.E. Eglin			arkway	Fort Walton Be	each / FL / 32548	
	REINSTATEMENT			FEB 1 1 2014			
				R. HUNT			
10. E-mail Address: dennritt@aol.com							
	m an officer or director or the receive		be used for future annual report		oter 607 or 617 F.S. Lfurther or	artfu that when films this	

11. Tearlify 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. Turner certify that when hing 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., and that all fees owed by the corporation have been paid frurther certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oam. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Dayling Phone #