

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749788

1. Corporation Name Windjammer Condominium Association of
Pensacola Beach, Inc.

Principal Place of Business

14 1/2 Via DeLuna
Pensacola, Beach, Fl
32561

Mailing Address

P. O. Box 1436
Gulf Breeze, Fl 32562

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

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Maria Harbour	3115 Brittany Rd.	Pensacola, Fl 32504
V/D	Gary Powell	14 1/2 Via DeLuna	Pensacola Beach, Fl 32561
S/T/D	Vicki Fairleigh	96 Chanteclair Circle	Gulf Breeze, Fl 32561

3000002651773-7
-09/29/98--01071--007
****420.00 ****420.00

8. Name and Address of Current Registered Agent

Mark Lyons, III
113 Baybridge Professional Park
Gulf Breeze, Fl 32561

9. Name and Address of New Registered Agent

Name
Glenda Atkinson
Street Address (P.O. Box Number is Not Acceptable)
22 Via DeLuna Drive
Suite, Apt. #, Etc.
City
Pensacola Beach 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.

Signature of
Registered Agent

Glenda Atkinson

REGISTERED AGENT MUST SIGN

Date 9/22/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maria Harbour

9/23/98
Date

434-3045
Daytime Phone #

FILED

98 SEP 24 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-98