

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 14 PM 3:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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DOCUMENT # 753334

1. Corporation Name
Sunshine Shores Condominium Assn.

2. Principal Office Address
5323 Thomas Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
5323 Thomas Drive
Suite, Apt. #, etc.

REINSTATEMENT 01-02

City & State
Panama City Beach, FL
Zip 32408 Country USA

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Panama City Beach, FL
Zip 32408 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7-11-80

5. FEI Number 59-2142011 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 Aaron L. Keene

Street Address (P.O. Box Number is Not Acceptable)
5323 Thomas Drive

Suite, Apt. #, Etc.

City Panama City Beach

State FL Zip Code 32408

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 1-28-02

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	Margie Todd	Route 2, Box 68A	Rockford, AL 35136
Treas	James Irwin	5323 Thomas Drive	Panama City Bch, FL 32408
Dir	Carl William Johnson	3500 13th Ave.	Phenix City, AL 36867
Dir	Millie Bell	8623 N. Lagoon Dr. Apt B-1	Panama City Bch, FL 32408
Dir	Aaron L. Keene	5323 Thomas Dr. #1A	Panama City Bch, FL 32408
Secy	Emily E. Keene	5323 Thomas Dr. #1A	Panama City Bch, FL 32408

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: [Signature] AARON L. KEENE 1-28-02 850-234-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)