

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 23 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754935**

1. Corporation Name
**MISTY HARBOUR CONDOMINIUM ASSOCIATION
INC.**

2. Principal Office Address - No P.O. Box #
7904 SURF DRIVE

3. Mailing Office Address
P.O. Box 18963

Suite, Apt. #, etc.

City & State
PC BEACH, FL

Zip
32408

Country
USA

City & State
PC BEACH, FL

Zip
32417-1963

Country
USA

400177297204
04/23/10--01033--023 **673.75
REINSTATEMENT 03-10

4. Date Incorporated or Qualified To Do Business in Florida
10-11-1980

5. FEI Number
59-2138327

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CAROL STCLAIR

Street Address (P.O. Box Number is Not Acceptable)
7904 SURF DRIVE

Suite, Apt. #, Etc.
UNIT #14

City
PC BEACH

State
FL

Zip Code
32408

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Carol A St. Clair* Date 4/22/10
REGISTERED AGENT MUST SIGN

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
P	JOHN MASON	76 GARFIELD STREET	MANCHESTER, NH 03103
V	RON WOODS	2100 DATA DR. Suite 208	HOOVER, AL 34244
T	CAROL STCLAIR	23 BROWN RD.	DEERFIELD, NH 03037
D	RAY JARRETT	PO Box 726	Blakely, GA 39823
D	STAN JAWORSKI	6307 So. LAGOON DR.	PC Beach FL 32408
D	JAY HOUSTON	121 Hwy 165	Eufala, FL 36027

10. E-mail Address: SLUNNINGDUO@AOL.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: *Carol St. Clair* **CAROL STCLAIR** 4/22/10 (603)540-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/22/10