PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORI		A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS			后性医型 14 MAY 19 AM 8: 30				
DOCU 1. Corporati	# 758463				- - -	SECRETARY OF STATE TALEAHASSEE, FLORDA			
The Sp	oinnaker	Condominium <i>i</i>	Associatio	n of Pe	rdido	Key, Inc.			
	ss - No P.O. Box#	Office Address			-				
	o Key Drive	rl Crisp			- CR2E081 (11/10)				
Suite, Apt. #, etc. Suite, Apt. # 5288 F City & State City & State City & State				Pale Moon Drive			Date Incorporated or Qualified To Do Business in Florida 05/21/1981		
				cola, Florida			5. FEI Numbe		Applied For Not Applicable
Zip		Zip		Country	•	72-11163 6. CERTIFICAT	F OF STATUS DESIRED \$8.7	5 Additional Fee required	
• 1 1						ambia	OLKIII (O/A)	for a Certification	
7. Name and Address of Current Registered Agent Name Earl Crisp Street Address (P.O. Box Number is Not Acceptable) 5288 Pale Moon Drive Suite, Apt. #, Etc.							900260389289 05/19/1401003010 **1216,25		
Pensa		FL 32507			U5/				
8. 1, 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 EARL W. CRISP Date 5/14/2014									
9. Names a	and Street A	ddresses of Each Officer ar	nd/or Director (FI	orida nonpro					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip	
P/D	Gar	105 Driftwood Cour			ırt	Lenoir City, TN 37772			
V/D	Earl	5288 Pale Moon D			Drive	Pensacola, FL 32507			
T/D	Jim	8622 Norfolk Drive			/e	Baton Rogue, LA 70809			
S/D	Jay Shames			123 Walnut Street, Apt. 2			Apt. 205	New Orleans, LA 70118	
D	Jim Smith			1228 N. Preston Drive			Drive	Morgan City, LA 70380	
			R	EIN	ST	ATEN	IEN	MAY 1 9 201	
10: E-mail Address: gdawson@garydawsonlaw.com (To be used for future annual report notification)									
11. Learlify 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., and that all fees owed by the corporation has 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. I are are as a false information submitted in a document to the Department of State constitutes a third degree fellogy as provided for in s.817.155. F.S. SIGNATURE: 865/525-7113									

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2014 DATE

Daytima Phone #