

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 12 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

761637
Old River Landmg Owners Assoc. Inc

REINSTATEMENT 06-08

600131245696

06/12/08--01042--002 **183.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

16784 Perdido Key Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 34265

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

City & State

Pensacola, FL

Zip

32507

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2158432

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

Rebecca Nadolny

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

16787 Perdido Key Dr.

Suite, Apt. #, Etc.

F704

City

Pensacola

State

FL

Zip Code

32507

☒ The 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

Rebecca Nadolny
REGISTERED AGENT MUST SIGN

Date 5/19/08

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	Mary Alicia Marston	7245 Captain Kidd Reef Pensacola, FL 32507	Pensacola, FL 32507
VP	Fred Henderson	16784 Perdido Key Dr #5	Pensacola, FL 32507
S/T	Adam Balzli	1165 Gadsden Hwy St. 101	Birmingham, AL 35238

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 contained in Chapter 119, 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:

Mary Alicia Marston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08
Date

251-942-7151
Daytime Phone #

206/13