

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 23 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *89-02*

DOCUMENT # *762304*

1. Corporation Name

STING RAY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address c/o Terry Lowe		3. Mailing Office Address c/o Terry Lowe	
Suite, Apt. #, etc. 7832 Surf Drive		Suite, Apt. #, etc. 7832 Surf Drive	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32408	Country Bay	Zip 32408	Country Bay

4. Date Incorporated or Qualified To Do Business in Florida		3/5/82
5. FEI Number	Applied For	
59-2212187	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name	100007539121--8	
Terry Lowe	-09/05/02--01034--009	
Street Address (P.O. Box Number is Not Acceptable)	***1032.50 ***1032.50	
7832 Surf Drive		
Suite, Apt. #, Etc.		
City	State	Zip Code
Panama City Beach	FL	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: *Terry Lowe* Date: *8/21/02*

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
Pres.	Terry Lowe	7832 Surf Drive	Panama City Beach, FL 32408
V.Pres	Richard Rumbaugh	101 Shawnee Drive	LaGrange, GA. 30240
Treas.	Wendy Montgomery	7708 Cartledge Road	Box Springs, GA 31801

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: *Terry Lowe* Date: *8/21/02* Daytime Phone #: *(850) 230-5375*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Terry Lowe, President

CR2E081 (9/01)