

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 19 PM 2:07 TALLAHASSEE, FLORIDA	
DOCUMENT # 763181					
1. Corporation Name Sandpiper Villas Owners Association, Inc.					
Principal Place of Business 4514 Schooner Lane Lynn Haven, FL 32444		Mailing Address P. O. Box 521 Port St. Joe, FL 32456			
If above addresses are incorrect in any way, line through incorrect information and enter correction below					
2. New Principal Office Address, If Applicable 4115 Bristol Street Suite, Apt. #, etc		3. New Mailing Address, If Applicable 5821 Ashley Drive Suite, Apt. #, etc		4. Date Incorporated or Qualified To Do Business in Florida 5/7/82	
City & State Panama City Beach, FL		City & State Gardendale, AL 35071		5. FEI Number 59-2351196	
Zip 32408		Zip 35071		6. CERTIFICATE OF STATUS DESIRED []	
Country USA		Country USA		\$3.75 Additional Fee for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	8. Additional Information 03/31/99-01005-011 4444726.25		
1	2	3			
	Richard Ingram	4533 Rambling Rd.,	Kennesaw, GA 30144		
	Linda Wallis	4526 Garrison Road	Panama City, FL 32404		
	Sheila Oswalt	5821 Ashley Drive	Gardendale, AL 35071		
REINSTATEMENT 91-99 B 3/24/99					
8. Name and Address of Current Registered Agent Rob Blue, Jr. 303 Magnolia Avenue Panama City, FL 32401			9. Name and Address of New Registered Agent Brian D. Hess Street Address (P.O. Box Number is Not Acceptable) 9108 Front Beach Road Suite, Apt. #, Etc. City Panama City Beach State FL Zip Code 32407		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Brian D. Hess Date 2/5/99 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when 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 fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if it were under oath.					
SIGNATURE: Sheila Oswalt Sheila Oswalt 2-2-99 205-631-0503 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					