

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 16 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768181

1. Corporation Name

STONEBROOK HOMEOWNERS ASSOCIATION  
INC.

2. Principal Office Address

6847 NORTH 9TH

Suite, Apt. #, etc.

AVENUE SUITE 125

City & State

PENSACOLA, FL

Zip

32504 US

3. Mailing Office Address

6847 NORTH 9TH

Suite, Apt. #, etc.

AVENUE SUITE 125

City & State

PENSACOLA, FL

Zip

32504 US

500021295545  
07/03/03--01018--016 \*\*910.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4/28/1983

5. FEI Number

59-3710926

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

Philip Christopher I.

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

6847 NORTH 9TH AVE

Suite, Apt. #, Etc.

SUITE 125

City

PENSACOLA, FL

State

FL

Zip Code

32504

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

Philip Christopher I.  
REGISTERED AGENT MUST SIGN

Date

5/15/03

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
Sec	MARY FARNAM	6847 NORTH 9TH AVE.	PENSACOLA, FL.
TREAS	DUSTY COOK	" SAME "	PENSACOLA, FL.
PRES	PHILIP CHRISTOPHER I.	" SAME "	PENSACOLA, FL.

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:

Philip Christopher I.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/03

Daytime Phone #

CR2E081 (10/02)