PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 DEC -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769937**

1. Corporation Name

SEA OATES VILLAS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
~~% ALAN GREENE~~	~~% ALAN GREENE~~
~~2 E. ST. #5~~	~~2 E. ST. #5~~
~~ST. AUGUSTINE BCH FL 32084~~	~~ST. AUGUSTINE BCH FL 32084~~

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
% Charles E. Fields Jr
Suite, Apt. #, etc. 100 10th St SE
PO Box 113
City & State Winter Haven, FL
Zip 33882 Country USA

3. New Mailing Office Address, If Applicable
% Charles E. Fields Jr
Suite, Apt. #, etc. 100 10th St SE
PO Box 113
City & State Winter Haven, FL
Zip 33882 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/23/1983

5. FEI Number 59-2552670 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	~~GREENE, ALAN I.~~ Charles E. Fields Jr	~~645 A1A BEACH BLVD.~~ 100 10th St SE	~~ST AUGUSTINE BCH FL~~ Winter Haven, Fl. 33880
~~VPD~~ VP	~~JOYNER, MILLARD~~ JANE Robinson	~~P. O. BOX 14728, NA~~ 464 Lake Asbury Dr.	~~GAINESVILLE FL~~ Green Cove Springs, Fl. 32043
STD	VIGIL, ANNIE	#2 E STREET, APT. 1	ST AUGUSTINE BCH FL

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AP 12/3

8. Name and Address of Current Registered Agent

GREENE, ALAN I.
645 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084

9. Name and Address of New Registered Agent

Name Charles E. Fields Jr
Street Address (P.O. Box Number is Not Acceptable) 100 10th St SE
Suite, Apt. #, Etc.
City Winter Haven State FL Zip Code 33880

CR2E040 (8/97)

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 _____ Date 24 Nov 97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ Charles E. Fields Jr 24Nov97 941 9670102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #