

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000601518

1. Corporation Name

Gulf Sands West Homeowners' Association, Inc.

2. Principal Office Address

2775 Old Highway 98

3. Mailing Office Address

1500 Cedar Grove Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Conley, GA

Zip

32541

Country

USA

Zip

30288

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 08, 2000

5. FEI Number

32-0153868

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

Richard S. McNeese

Street Address (P.O. Box Number is Not Acceptable)
36468 Emerald Coast Parkway

Suite, Apt. #, Etc.
Suite 1201

City
Destin

State
FL

Zip Code
32541

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

Richard S. McNeese
REGISTERED AGENT MUST SIGN

Date

6/20/05

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
D, P	David G. Morgan	1500 Cedar Grove Road	Conley, GA 30288
D, S, T	Dian S. Morgan	1500 Cedar Grove Road	Conley, GA 30288
D	Benjamin Kirkland	1500 Cedar Grove Road	Conley, GA 30288
D	Carol M. Mullins	115 Eagle Lane	Jonesboro, GA 30238

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)(l), 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:

David G. Morgan

David G. Morgan

06-16-2005

(404) 366-1345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)

300233 AUG 09 2005