

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 MAY 29 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900130440619

05/29/08--01029--031 \*\*420.00

CR2E081 (12/07)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000002201

1. Corporation Name

Grayton Beach Cottages  
Owner's Association, Inc.

2. Principal Office Address - No P.O. Box #

15 Pine Street

Suite, Apt. #, etc.

3. Mailing Office Address

15 Pine Street

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/3/2000

5. FEI Number

59-3695940

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

Brooks Schoen

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

15 Pine Street

Suite, Apt. #, Etc.

c/o Rivard Accounting

City

Santa Rosa Beach

State

FL

Zip Code

32459

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

B Schoen

Date

5/19/08

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
Dir	Brooks Schoen	945 River Overlook	Atlanta GA 30328
Dir	Deming Fish	500 River Crest Ct.	Atlanta GA 30328
Dir	Clark Gore	765 Springlake Ln	Atlanta GA 30318

REINSTATEMENT  
05-08

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 contained in Chapter 119, 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:

B Schoen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/08

Date

(404) 601-

0844

Daytime Phone #