

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -2 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003339

1. Corporation Name

TROPICAL BEACH WALK OWNER'S ASSOCIATION, INC.

REINSTATEMENT 02-03

2. Principal Office Address

713 SEAGULL CIRCLE

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

Zip

32541

Country

OKALOOSA

3. Mailing Office Address

713 SEAGULL CIRCLE

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

Zip

32541

Country

OKALOOSA

200017912582

05/02/03--01104--012 **297.50

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

5/22/2000

5. FEI Number

59-3659101

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

AMY A. PERRY

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

4477 LEGENDARY ROAD

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

04/29/03

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
D	WELLBORN, JACK J JR.	106 BENNING DR., #7	DESTIN, FL 32541
D	WATSON, LINDA	106 BENNING DR., #7	DESTIN, FL 32541
D	SEARCY, BLAINE	713 SEAGULL CIRCLE	DESTIN, FL 32541

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

4-29-2003

Daytime Phone #

(850) 837-2034

CR2E081 (10/02)

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