PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A00000006637

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006637

1. Corporation Name

GRAYTON BEACH NEIGHBORHOOD ASSOCIATION INC.

Principal Place of Business	Mailing Address
490 DEFUNIAK ST. GRAYTON BEACH FL 32459	PO BOX 1688 SANTA ROSA BEACH FL 32459

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/2000

5. FEI Number: 59-3629 38 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	SAHLIE, SHIRLEY	490 DEFUNIAK ST.	GRAYTON BEACH FL 32459
D/P	Gentry, Russell	55 Lydia St.	Grayton Beach, FL
~~D~~	~~BEAN, BOB~~	~~237 MAGNOLIA ST.~~	~~SANTA ROSA BEACH FL 32459~~
D/S	Covell, Bonnie	79 Lupine Way	Grayton Beach, FL 32459
D	HAYNES, BETS	2 HOTZ AVE.	SANTA ROSA BEACH FL 32459
~~D~~	~~TAPE, KURT~~	~~206 BLUE LAKE RD.~~	~~SANTA ROSA BEACH FL 32459~~
D	Monroe, Phil	105 Garfield St.	Grayton Beach, FL 32459
~~D~~	~~POTEET, PEGGY~~	~~226 MAGNOLIA ST.~~	~~SANTA ROSA BEACH FL 32459~~
D	Blue, Lloyd	279 Grayton Trail	Grayton Beach, FL 32459
D	FLORENCE, FRAN	64 BANFILL ST.	SANTA ROSA BEACH FL 32459

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SAHLIE, SHIRLEY 490 DEFUNIAK ST. GRAYTON BEACH FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

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****236.25 ****236.25

Signature of Registered Agent: Shirley P. Sahlie
REGISTERED AGENT MUST SIGN

Date: 10/30/01

11. 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: Shirley P. Sahlie Shirley P. Sahlie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/30/01

Daytime Phone #: 850-231-1659