

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -9 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 00000006637*

1. Corporation Name

Grayton Beach Neighborhood Association, INC.

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

490 DeFuniak ST.

Suite, Apt. #, etc.

Santa Rosa Beach Fl.

City & State

Zip

32459

Country

USA

3. Mailing Office Address

490 DeFuniak ST.

Suite, Apt. #, etc.

Santa Rosa Beach Fl.

City & State

Zip

32459

Country

USA

500112176895
*11/09/07--01046--006 **122.50*

REINSTATEMENT *0.6-07*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-0362938

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

Shirley Sahlie

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

490 DeFuniak ST.

Suite, Apt. #, Etc.

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

Shirley P. Sahlie

REGISTERED AGENT MUST SIGN

Date *11-7-07*

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
Pres. ⁽¹⁾	<i>Harry Jackson</i>	<i>196 Magnolia Street</i>	<i>Santa Rosa Beach Fl. 32459</i>
V.P. ⁽¹⁾	<i>Leslie Provow</i>	<i>18 Lupine Road</i>	<i>Santa Rosa Beach Fl. 32459</i>
Tres. ⁽¹⁾	<i>Shirley Sahlie</i>	<i>490 DeFuniak St.</i>	<i>Santa Rosa Beach Fl. 32459</i>
Sec. ⁽¹⁾	<i>Ann Morrell</i>	<i>83 Pine St.</i>	<i>Santa Rosa Beach Fl. 32459</i>
⁽¹⁾	<i>Grant Blackwell</i>	<i>319 DeFuniak St.</i>	<i>Santa Rosa Beach Fl. 32459</i>
⁽¹⁾	<i>Linda Eyer</i>	<i>466 DeFuniak St.</i>	<i>Santa Rosa Beach Fl. 32459</i>

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:

Shirley P. Sahlie

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/07

Date

850-231-1659

Daytime Phone #