

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
04 MAR 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 00000006871

1. Corporation Name

OWNERS ASSOCIATION OF EVENTIDE INC.

2. Principal Office Address

~~1008 GORDON AVENUE~~
206 PAINTED PONY ROAD

Suite, Apt. #, etc.

City & State

PORT ST. JOE

Zip

32456

Country

GULF

3. Mailing Office Address

206 PAINTED PONY RD

Suite, Apt. #, etc.

City & State

PORT ST. JOE

Zip

32456

Country

GULF

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-2000

5. FEI Number

☒ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS S. GIBSON

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

206 E. FOURTH ST.

Suite, Apt. #, Etc.

City

PORT ST. JOE

500030932055

03/23/04 State 10706004 **131.25

FL

32456

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-16-04

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
PS	RICHARD E. PARVEY	206 PAINTED PONY RD	PORT ST. JOE, FL 32456

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. PARVEY, PRES

3-16-04

Date

Daytime Phone #

229-224-1558

Box 2

3-16-04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

DEAR SIRs,

As PRESIDENT OF OWNER'S ASSOCIATION OF
EVENTIDE INC., I HEREBY REQUEST
THAT REINSTATE FEES FOR THIS CORPORATION
BE WAIVED DUE TO THE FACT THAT
OUR OFFICES WERE RELOCATED AND
THE ANNUAL REPORT WAS NOT FORWARDED
TO US.

YOURS TRULY

RICHARD E. PARLEY