

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

70/472 W98000013815
NEW HORIZON CONDOMINIUM ASSOCIATION,
INC

Principal Place of Business

Mailing Address

14180 RIVER RD UNIT #10
PENSACOLA, FL
32507

14180 RIVER RD UNIT #10
PENSACOLA, FL 32507

600002583126--B

-07/08/98--01071--005

****358.75 ****358.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3022639

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DANIEL KRUMEL (D)	3920 MONTIEGNE DR.	PENSACOLA, FL 32504
VP	KURT ALLEN (D)	3537 GREENSHIRE CT.	DOUGLASVILLE, GA 30135
S/T	JAYNE WARD (D)	14180 RIVER RD. UNIT #10	PENSACOLA, FL 32507

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIEL KRUMEL
3920 MONTIEGNE DR.
PENSACOLA, FL 32504

Name

JAYNE WARD

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

14180 RIVER RD UNIT #10

Suite, Apt. #, Etc.

UNIT #10

City

PENSACOLA

State
FL

Zip Code
32507

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.

Signature of
Registered Agent

Jayne Ward

REGISTERED AGENT MUST SIGN

Date

6/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Jayne Ward

JAYNE WARD

6/8/98

(850)4449411
Daytime Phone # x215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #