

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

MAILED 4-30-2009

al ELLER

09 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000743

1. Corporation Name

Windward Cove Master Homeowners Assoc. Inc

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

12957 Island Spirit Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 34200

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola

Zip

FL

Country

32506

Zip

FL

Country

32507

800155084948

05/01/09--01021--015 **245.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
02-0558898

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

Samuel Brian Stephenson

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

13753 Perdido Key Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32307

☒ 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

Samuel B. Stephenson

Date

4/28/09

REGISTERED AGENT MUST SIGN

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
PD	Jack Wyland	3440 Navigator Ave	Pensacola, FL 32506
VD	William Newhouse	12880 Island Spirit Drive	Pensacola, FL 32506
STD	Al Conner Jr	551 Woodfern Court	Tallahassee, FL 32312
D	Mark Conner	1430 E Piedmont Drive, Suite 101	Tallahassee, FL 32308
D	Judy Dougherty	1430 E Piedmont Drive, Suite 101	Tallahassee, FL 32308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Al Conner Jr. Director

4-28-2009 850-545-6201

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