

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

DOCUMENT # N02000001293

1. Corporation Name

MAGNOLIA PLACE OWNERS ASSOCIATION OF BAY COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 9586
PANAMA CITY BEACH FL 32417

P.O. BOX 9586
PANAMA CITY BEACH FL 32417

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

02/21/2002

5. FEI Number

01-0621695

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	MADRY, MELISSA E	P.O. BOX 9586	PANAMA CITY BEACH FL 32407
D	JENKINS, ERIC	2611-B WEST 23RD STREET	PANAMA CITY FL 32405
(new) D	Barrett, Gary	2611-B West 23 rd St.	Panama City FL 32405
(new) D	Young, Robert	2611-B West 23 rd St.	Panama City FL 32405

8. Name and Address of Current Registered Agent

CENTURION I INC.
2611 B W 23RD STREET
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

E. SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10-21-03

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

**Magnolia Place Owners Association
of Bay County, Inc.
2611-B West 23rd Street
Panama City, Florida 32405**

October 21, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Involuntary Dissolution of Corporation
Document #N02000001293

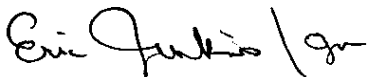
To Whom It May Concern:

We submitted our paperwork and check for annual fees. Our Check #1016 in the amount of \$61.25 cleared our account in February 2003. The form was returned to us because it was signed incorrectly. We signed where indicated and returned the form to you in the envelope provided. We had no more correspondence from you.

We have now received notification that our corporation has been revoked. We have done everything in good faith and would appreciate you processing this and lifting the revocation. We do not feel that we should have to pay the additional \$175.00 reinstatement fee as we did submit originally in a timely manner.

We also request that the mailing address be changed to 2611-B West 23rd Street, Panama City, Florida 32405.

Thank you for your assistance.



Eric Jenkins, Director