

H04000015863 3
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 JAN 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000002982

1. Corporation Name

SEA PINES COMMUNITY
ASSOCIATION, INC

2. Principal Office Address

310 Holly Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Zip

32541

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

04/19/2002

5. FEI Number

20-0628878

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

Robert E. McGill, III

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

36008 Emerald Coast Pkwy.

Suite, Apt. #, Etc.

Suite 301

City

Destin

State
FL

Zip Code

32541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/22/04

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
P/D	Anthony Q. Tenore	310 Holly Street	Destin, FL 32541
V/S	Rhonda Tenore	310 Holly Street	Destin, FL 32541
D	Robert E. McGill, III	36008 Emerald Coast Pkwy Ste 301	Destin, FL 32541

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

1-22-04 850-978-6970

Date

Daytime Phone #

H04000015863 3

2052

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

CORPORATION REINSTATEMENT

SEA PINES COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$297.50

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