PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 APR 27 AM 11: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

Lorelei Condominium Owner's Association, Inc.

Principal Place of Business

Mailing Address

17135 Perdido Key Drive Pensacola, FL 32507

14110 Perdido Key Drive Suite E, R-1

Pensacola, FL

If above addresses are incorrect in any way, line the	rough incorrect information a	and enter correction below.	MEINS I A I FIVIENT 48-C	\mathcal{X}			
New Principal Office Address, If Applicable	3. New Mailing Office Ad		Date Incorporated or Qualified				
17135 Perdido Key Drive	17135 Perdido	Kay Drive	To Do Business in Florida 04/27/84				
Suite, Apt. #, etc.	Suite, Apt. #, etc						
#301			5. FE! Number Applied	For -			
City & State	City & State		63-1030170 Not App	olicable			
Pensacola,_FL	Pensacola, FL						
Zip Country	Zip	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee for a Certificate of \$1.00 for a Certificate of \$1.	required			
32507 USA	32507	USA	for a Certificate of Sta				

32507

City & State		City & State	City & State		63-1030170		Not Applicable		
	cola, FL	Pensaco	ola, FL		6.				
Zip Country		Zip		Country	CERTIFICA	ATE OF STATUS DESIRED K S8.75 Additional Fee required for a Certificate of Status			
32507	USA	32507		USA	02.77.110.7	72 31 377103 3237163 423	for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer	and/or Director (Fl	orida nonprofi	t corporations must list at le	east 3 directors)				
			Street Address of Eac						
Title(s)	tle(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
<u> </u>			- J (DC	THO I USE I USE Office DOX	Tadinibers)	 			
PD	O. A. Clevland		505 Ca	anterbury Road		Starkville, MO 39759			
	<u> </u>		1.70.3-0	ALLCCLE OLL-Y INCOM-		- OCALAVILLE, PA	JJ_1.J		
575									
VD	VD William O. Haas		577 Fairhope Avenue			Fairhope, AL 36532			
ĺ									
							,		
TD William H. Hayton		3206 Bayou Boulevard			Pensacola, FL	_32503			
			#301						
				Pordido Koy Dr	cito	Dengage la ET	22507		
CO Edibala O Ellell			17135 Perdido Key Drive			Pensacola, FL 32507			
					i) i	00003238			
						05/_03/00	01151005_		
		- -				****358.75	****358.75		
							and the second second		
	<u> </u>				100003238610- <u>-4</u>				
Name and Address of Current Registered Agent				9. Name and Address PRANT Bod Intered 1 1 006					
				Name			*****8.75		
Ray & Kievit				Paul W.	Paul W. Groom, T.I. Street Address (P.O. Box Number is Not Acceptable)				
imi a lizovic				·					
15 West Main Street			Suite Ant # Ft	226 S. Palafox Place Suite, Apt. #, Etc.					
Pensacola, FL 32501 b			City	9th Floor Seville Tower City State Zip Code					
				Pensacol	a	FL			
10. I, being	appointed the registered agent of the	above pamed corp	oration, am fa	imiliar with and accept the	obligations of Sec				
_			_	·	•				
Signature of Registered	Agent V / W.	1/100-				Date April	26 2000		
- neglatered i	· ·9····/	·				- and J - J			

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 filling 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 strall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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