

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**DOCUMENT # N02930**

1. Corporation Name  
**SEA SHORE CONDOMINIUM ASSOCIATION, INC.3**

Principal Place of Business Mailing Address

CENTURY 21 LEB & ASSOC.  
14620 PENDIDO KEY DR  
PENSACOLA FL 32507

CENTURY 21 LEB & ASSOC.  
14620 PENDIDO KEY DR  
PENSACOLA FL 32507

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 2:22



**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **05/07/1984**

5. FEI Number **59-3030004** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRAMBIR, PETER	2820 S COLONIAL DR	MONTGOMERY AL 36111
D	DUFAULT, ANNE	14777 PERDIDO KEY DR.	PENSACOLA FL
D	DYKES, DEBBIE D	402 REIGH COURT	FRANKLIN TN

000003455020--2  
11/07/00 01051-014  
\*\*\*\*236.25 \*\*\*\*236.25

12-11/3

8. Name and Address of Current Registered Agent

CENTURY 21 LEB & ASSOCIATES REALTY  
14620 PENDIDO KEY DR  
JAMES M. LEB II  
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State 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.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10/20/00**

REGISTERED AGENT MUST SIGN

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 REQUIRED** **10/20/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #