| APPLICA1   |                                  |                    |  |                         | NT OF STATE           | Υ   | TING THIS FORM.                 |  |  |
|--|----------------------------------|--------------------|--|-------------------------|-----------------------|---|---------------------------------|--|--|
| FOR  | ION                              | } .                | Sandra B   | . Mor                   | tham                  |   |                                 |  |  |
| REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS  |                                  |                    |  |                         |                       | FILED   |                                 |  |  |
| DOCUMENT # ND297   |                                  |                    |  |                         |                       | 97 MAR -6 PM 3: 50  |                                 |  |  |
| 1. Corporation Name  |                                  |                    |  |                         |                       | TALLAHASSEE, FLORIDA  |                                 |  |  |
| Port Royal Community Association, Inc.<br>Charter #NO2971 filed May 9, 1984  |                                  |                    |  |                         |                       |   |                                 |  |  |
| Principal Place of Business Mailing Address  See 2 & 3 below   |                                  |                    |  |                         |                       | 400021101049<br>-03/11/9701085011<br>****542.50 *****542.50 |                                 |  |  |
| If above addresses ar  | e incorrect in any way, line the | ough incarrect inf | ormation and   | d enter (               | correction below.     | EINST   | ATEMENT DO NOT WRITE IN THIS SP | 297  |  |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 713 S. Palafox Street 713 S. Suite, Apt. #, etc. |                                  |                    | . etc.   |                         |                       | 1   | May 9, 1984                     |  |  |
| City & State City & State  |                                  |                    |  |                         |                       | 59-24   |                                 | Applied For Not Applicable                           |  |
| Pensacola, FL Pens<br>32501 Escambia <sup>Zip</sup> 3250   |                                  |                    | acola, FL 6. Country Escambia CEATIFIC                         |                         |                       |   |                                 | 5 Additional Fee required in a Certificate of Status |  |
| 7. Names and Street A  | ddresses of Each Officer and/    | or Director (Flori | da nonprofit   |                         | tions must list at le |   |                                 |  |  |
| Title(s) and/or Directors  |                                  |                    | Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) |                         |                       |   | City / Sta                      | ite / Zíp  |  |
| D/VP Rober   | Robert Newton Heath              |                    |  | 1220 Dunford Place      |                       |   | Pensacola, FL                   | 32503  |  |
| D/P Leigh  | Leighton Breazell                |                    |  | 504 Port Royal Way      |                       |   | Pensacola, FL                   | 32501  |  |
| D/T Karin  | Karin Streetman                  |                    |  | Port Royal Way, Unit 12 |                       |   | Pensacola, FL                   | 32501  |  |
| D/S Keith  | /S Keith Bullock                 |                    |  | 200 S. Tarragona        |                       |   | Pensacola, FL 32501             |  |  |
| John S. Carr   |                                  |                    | 125 S. Alcaniz   |                         |                       |   | Pensacola, FL                   | 32,501   |  |
|  |                                  |                    |  |                         |                       |   |                                 | 793/01   |  |
| 8. Na  | me and Address of Current        | Registered Ager    | 11   |                         | Name                  | 9. Name and   | Address of New Registered Y     | GOR  |  |
| F.E. Booker<br>106 W. Lore   |                                  |                    |  |                         | Street Address (      | ighton Bi<br>P.O. Box Numbe<br>Port Roya                    | er is Not Acceptable)           |  |  |
| Pensacola,   | Florida 32505                    |                    |  |                         | Suite, Apt. #, Etc    |   |                                 | ·  |  |
|  |                                  |                    |  |                         | City Pane             | acola,  | State                           | Zip Code<br>32501                                    |  |

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all
fees owed by the corporation have been paid. 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:

D

LEI AN LINES GLAGE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

MARCH 5, 6557 904-438-755
Dayline Phone \*

No X

Yes 🗌

(See other side for information on intangible tax.)