

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000008094**

1. Corporation Name
**MOORE'S LANDING HOME OWNERS
ASSOCIATION, INC**

2. Principal Office Address
225 MAIN ST. #6

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip
32540

Country
OKALOOSA

3. Mailing Office Address
**1895
P.O. BOX 6572**

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip
32540

Country
OKALOOSA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59.3715825

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
JOSEPH M. SCHEIDT JR

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

1221 AIRPORT RD

Suite, Apt. #, Etc.

SUITE 209

City

DESTIN

000052140850

04/26/05--01058--009 **236.25

000052140850

04/26/05--01058--010 **70.00

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 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/28/05**

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	GORDON HINES	46 S. BLUE HERON RD	DESTIN, FL. 32459
VP	WILLIAM ALEX GORDON	108 S. BLUE HERON RD	DESTIN, FL. 32459
T	TONY RODRIGUEZ	69 S. BLUE HERON RD	DESTIN, FL. 32459

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date **2/28/05**

Daytime Phone # **850-837-1171**

CR2E081 (01/04)

APR 21 2005