

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 23 PM 4:22

DOCUMENT # N03462

1. Corporation Name

The Palms at Seagrove Condominium Owners' Association, Inc.

2. Principal Office Address

3604 E. Co. Hwy 30- A

Suite, Apt. #, etc.

City & State

Seagrove Beach, FL

Zip  
32459

Country  
Walton

3. Mailing Office Address

P.O. Box 4822

Suite, Apt. #, etc.

City & State

Seagrove Beach, FL

Zip  
32459

Country  
Walton

**REINSTATEMENT**

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1984

5. EEL Number

581729077

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

Nora Murphy

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

C/O Seagrove on the Beach Realty, Inc. 5311 E. Co. Hwy 30-A

Suite, Apt. #, Etc.

#4

City

Seagrove Beach

400079213864  
08/29/06--01018--001 \*\*\*420.00  
State FL Zip Code 32459

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

*Nora Murphy*  
REGISTERED AGENT MUST SIGN

Date 08/21/2006

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	John Carroll	1116 Astoria Lane	Peachtree City, GA 30269
S	Steve Netterville	1315 Wyckfield Place	Lawrenceville, GA 30044
V	Harry Franz	1337 Farrington Drive	Knoxville, TN 37923
D	John Rosenberg	10460 Turner Road	Roswell, GA 30076
T	Leigh Ann Smith	405 North Englewood Ave.	Dothan, AL 36303
D	Clark Stone	2731 Lake Capri Drive	Conyers, GA 30012

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 contained in Chapter 119, 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:

*John Carroll*

John Carroll

08/21,2006

850-231-4221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #