PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N03997

1 Corporation Name: Waters Edge of Mexico Beach Owners Association, Inc.

Principal Place of Business: [redacted]

Mailing Address: [redacted]

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 81-96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
Suite, Apt. #, etc.: 109 29th Street
City & State: Mexico Beach Fl
Zip: 32410 Country: USA

3 New Mailing Address, If Applicable
Suite, Apt. #, etc.: P.O. Box 1089
City & State: Panama City Fl
Zip: 32402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1984

5. FEI Number: 26-4862494 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T/D	Matthew Herring	126 D S. 42nd Street	Mexico Beach, FL 32410
S/D	Ray Amirault	614 Dulfaire Drive	St. Joe Beach, FL 32410
	[redacted]	[redacted]	[redacted]
P/D	Dedee S. Costello	300 E. 4th Street	Panama City FL 32401

8. Name and Address of Current Registered Agent: [redacted]

9. Name and Address of New Registered Agent
Name: Dedee S. Costello
Street Address (P.O. Box Number is Not Acceptable): 300 E. 4th Street
Suite, Apt. #, Etc.: # 308
City: Panama City State: FL Zip Code: 32401

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: Dedee S. Costello Date: 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 of 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: Dedee S. Costello Dedee S. Costello P/D 11/15/96 904 747-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)