

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008740

1. Corporation Name

TRADEWINDS ESTATES OWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

42 PRESTON PATH

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 2579

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2004

5. FEI Number

201680878

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

MILES, PHILLIP D

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

42 PRESTON PATH

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH FL

State

FL

Zip Code

32459

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3-14-10

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
O	MILES, PHILLIP D	42 PRESTON PATH	SANTA ROSA BEACH FL 32459

200172651802
03/19/10--01042--002 **183.75

M. MILLIGAN
EXAMINER

MAR 16 2010

10. E-mail Address: philmiles72@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

PHILLIP D. MILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-10

Daytime Phone #

407-312-7412

FILED

10 MAR 16 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/09)

08-10