

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 30 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000010804

1. Corporation Name

Bella Costa Owners Association, Inc.

2. Principal Office Address

140 Southfields Road

3. Mailing Office Address

2011 Gees Mill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Conyers, GA

Zip

32413

Country

USA

Zip

30013

Country

USA

REINSTATEMENT CR2E081 (12/05) 5-86

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2004

5. FEI Number

20-4818758

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

Brian Hess

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

9108 Front Beach Road

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

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

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
DP	Clark K. Hinkle	2011 Gees Mill Road	Conyers, GA 30013
DST	Churchill Grimes	P.O. Box 67274	Scotts Valley, CA 95067
D	Susan Grimes	P.O. Box 67274	Scotts Valley, CA 95067

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2984