

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 26 PM 2:49

SECRETAL
TALLAHASSEE, FL 32301

DOCUMENT # NO4370

1. Corporation Name

CINCO BAYOU CONDOMINIUM ASSOCIATION, INC.

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

513 CIRCLE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 266

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL.

City & State

MARY ESTHER, FL.

Zip

32547

Country

US

Zip

32569

Country

US

REINSTATEMENT

11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/84

5. FEI Number
59-3230536

☐ 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

ROBERT E. MCGILL, III

Street Address (P.O. Box Number is Not Acceptable)
36008 EMERALD COAST PKWY.

Suite, Apt. #, Etc.
SUITE 301

City

DESTIN

State

FL

Zip Code

32541

JAN 26 2012

K. ASHTON

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01/26/12--01006--026 **297.50

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

Robert E. McGill, III

Date 1-25-12

REGISTERED AGENT MUST SIGN

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
D	Faruk Cercer	P.O. Box 5225	Destin, FL 32540
D	Ali F. Cercer	P.O. Box 5225	Destin, FL 32540
D	Sami Akkan	P.O. Box 5225	Destin, FL 32540

10. E-mail Address: SHERRI@BOBMCGILL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sami Akkan

SAMI AKKAN

01/26/2012

850-586-0231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #