PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -8 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04377

1. Corporation Name

BLUE TIDE CONDOMINIUM OWNERS' ASSOCIATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
8394 E. COUNTY HWY 30A		P.O. BOX 4938	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PANAMA CITY BEACH		SANTA ROSA BEACH, FL	
Zip	Country	Zip	Country
32413	USA	32459-4938	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 62-1266608 ☐ 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
EMERALD WATERS REALTY, INC.

100032193091
04/08/04--01015--011 **297.50

Street Address (P.O. Box Number is Not Acceptable)
8281 E. COUNTY HWY 30-A

Suite, Apt. #, Etc.

City	State	Zip Code
PANAMA CITY BEACH,	FL	32413

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 Mary Haffner Date 3/26/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	DEBORAH PRICE	D	1060 AZALEA DRIVE	ROSWELL, GA 30075
VP/D	SAMUEL S. CHILDERS	D	2009 E. FOREST DRIVE	TALLAHASSEE, FL 32303
S/D	CAROL MARTIN	D	2502 DOUBLE EAGLE COURT	TALLAHASSEE, FL 32312

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 under section 119.07(3)(i), 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] 3-26-04 (770)552-4212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR