

7/1/11

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
11 NOV -7 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
SEA MUST CONDOMINIUM OWNERS ASSOC, INC

W11000054120

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

8078 E CR 30A

Suite, Apt. #, etc

3. Mailing Office Address

9617 PRESTMONT PL

Suite, Apt. #, etc

City & State

PANAMA CITY BEACH, FL

City & State

FRISCO, TX

Zip

32413

Country

USA

Zip

75035

Country

USA

800213521848
10/20/11--01039--003 #1828.75
REINSTATEMENT 1985-2011
CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

27-1111839

Applied For

Not Applicable

☐ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **SANDRA H. JONES**

Street Address (P.O. Box Numbers Not Acceptable)
8078 E. County Hwy 30A

Suite, Apt. #, Etc.

#1

City **Panama City Beach**

State **FL**

Zip Code **32413**

☐ 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

Sandra H. Jones

Date **11-1-11**

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
PRES	ROBERT J. SMOLIK	9617- PRESTMONT PL	FRISCO, TX 75035
VIP	TED BROWNELL	40 SUMMIT LN	NORTH OAKS, MN 55127
TRES	ANGEL BYRD	106 RAGSDALE PL	DALLAS, GA 30132

REINSTATEMENT

1985-2011

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:

Angel Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-11
Date

7703668521
Daytime Phone #