

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 26 AM 11:00

DOCUMENT # **704763**

1. Corporation Name

**PINELLAS SEAHORSE CONDOMINIUM  
ASSOCIATION, INC**

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

**1310 GULF BLVD**

Suite, Apt. #, etc.

**#103**

City & State

**INDIAN ROCKS BEACH, FL**

Zip

**33785**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/20/1984**

5. FEI Number

**59A514169**

☐ 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

**DANIEL V. McLAUGHLIN**

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

**1310 GULF BLVD**

Suite, Apt. #, Etc.

**303**

City

**INDIAN ROCKS BEACH**

State

**FL**

Zip Code

**33785**

**000183690090**  
**07/26/10--01050--013 \*\*358.75**

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

**Michael Locke**

REGISTERED AGENT MUST SIGN

Date **7/21/2010**

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
<b>P</b>	<b>MICHAEL LOCKE</b>	<b>1310 GULF BLVD #103</b>	<b>INDIAN ROCKS BEACH 33785</b>
<b>VP</b>	<b>FORREST COBURN</b>	<b>1310 GULF BLVD #303</b>	<b>INDIAN ROCKS BEACH, FL 33785</b>
<b>VP</b>	<b>VERL GREEN</b>	<b>1310 GULF BLVD #301</b>	<b>INDIAN ROCKS BEACH, FL 33785</b>

10. E-mail Address: **TWENTYFIRSTMTG@AOL.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:

**Michael Locke MICHAEL LOCKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/10 727-641-89**

Date Daytime Phone #

**99**