

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 16 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO4766*

1. Corporation Name
Canal Place Phase II Condominium Association Inc.

Principal Place of Business Mailing Address
P.O. Box 5077 Same
Destin, Florida 32540-6077

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
8/20/84

5. FEI Number
300002032455
-12/18/96-0104
Applied For 9
NOT Applicable

6. CERTIFICATE OF STATUS DESIRED *****367**
Sb. 75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Sharon Kochera	4161 Loire Drive	Kenner, LA 70065
V.P	Dr. Richard Sheldon	223 Durango Road #5B	Destin, FL 32541
Sec. <i>D</i>	Sharon Coleman	223 Durango Road #5B	Destin, FL 32541
Treas.	John Kochera	4161 Loire Drive	Kenner, LA 32541
Dir.	Dwayne Carlson	445 Gulf Shore Drive #107	Destin, FL 32541

REINSTATEMENT *4496 12/17/96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: P. Colleen Coffield Collier & Coffield
Street Address (P.O. Box Number is Not Acceptable): 127 Highway 98 East, 3A
Suite, Apt. #, Etc.
City: Destin State: FL Zip Code: 32541

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *P. Colleen Coffield* REGISTERED AGENT MUST SIGN Date: 12/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]* TREAS. Date: 12/2/96 (504) 469-9941 Daytime Phone #

CR25040 (03-95)