

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # *N05000002408*

1. Corporation Name

*Enclave at Bentley Oaks
OWNERS Association, Inc.*

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

908 Gardengate Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

Country

32504

Escambia

Zip

Country

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

3-10-05

5. FEI Number

26-3060655

☐ 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

Ray O. Etheridge

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

908 Gardengate Circle

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

☐ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-28-08

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	Steve Schuhmann	3298 Summit Blvd #18	Pensacola FL 32503
VP	Tom Caldwell	3298 Summit Blvd #18	Pensacola, FL 32503
ST	Holly Hopkins	3298 Summit Blvd #18	Pensacola, FL 32503

REINSTATEMENT

06-08

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09/04/08--01038--006 **420.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08

Date

850-433-6400

Daytime Phone #