

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -5 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100110348491
10/05/07--01028--005 **236.25

REINSTATEMENT 06-07
CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003618

1. Corporation Name

MARINER'S VIEW CONDOMINIUMS ASSOCIATION, INC.

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

304 AVE F SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

304 AVE F SOUTH

Suite, Apt. #, etc.

City & State

CARABELLE, FL

City & State

CARABELLE, FL

Zip

32322

Country

USA

Zip

32322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2005

5. FEI Number

20-3389693

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
PAUL WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
802 E 26 STREET

Suite, Apt. #, Etc.

City
LYNN HAVEN

State
FL

Zip Code
32444

☐ 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

Paul D. Williams

Date

10/3/07

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
DP	PAUL WILLIAMS	802 E 26 STREET	LYNN HAVEN, FL 32444
VP	GENE LANGSTON	802 E 26 STREET	LYNN HAVEN, FL 32444
STD	LEE LINEBERGER	630 RICHMOND HILL DRIVE	MACON, GA 31210
D	RUSTY HILBURN	100 WESLEY ANNE COURT	MACON, GA 31210
	<i>\$10/8</i>		

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:

Paul D. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/07

Daytime Phone #

850-527-2075