

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 JAN 16 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO5000006565**

1. Limited Liability Company's Name

Tre-Viste Owners Association, Inc.

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

4820 East County Hwy 30A

3. Mailing Office Address

P.O. Box 4783

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

CR2E041 (12/13)

4. State/Country of Formation

Florida / Okaloosa

5. Date Organized or Qualified To Do Business in Florida

6/24/2005

6. FEI Number

20-3052097

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Walton Realty Company

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

445 East Nelson Ave.

Suite, Apt. #, Etc

City

De Funiak Springs

State

FL

Zip Code

32433

E-mail Address:

**500255718085
01/16/14--01023--002 **238.75**

ChanaeWaltonrealtycompany.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Chanae M Craig **Chanae M Craig** date **1-13-2014**

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
P	Ted Rowe	1000 Stonegate Court	Roswell, GA 30075
VP	Bob Lloyd	PO Box 4783	Santa Rosa Beach, FL 32459
ST	Gerri Moak	PO Box 242	Bogue Chitto, MS 39629

REINSTATEMENT

2013 - 2014

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person

Chanae M Craig

date

1/13/2014

Daytime Phone #

850-585-7240

Typed or printed name of signing Authorized Person

Chanae M Craig, CAM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

CHANA M CRAIG
405 PINEY POINT
FREEPORT, FL 32439-2865

SUBJECT: TRE-VISTE OWNERS ASSOCIATION INC.
Ref. Number: N05000006565

We have received your document for TRE-VISTE OWNERS ASSOCIATION INC. and check(s) totaling \$236.25. However, your check(s) and document are being returned for the following:

We have received the enclosed check or money order; however, the required Annual Report Payment Voucher was not enclosed. Please return the check or money order with the required Annual Report Payment Voucher to our office for processing.

If you have lost or misplaced the payment voucher, you may reprint the payment voucher from our website, www.sunbiz.org. First, click on the blue box entitled "File Current Year Annual Report or Amended Annual Report Here," which is located in the middle of the page. Next, click on the words "Check Voucher Reprint Page," which are highlighted in blue in the fourth paragraph. Next, enter the entity's Florida document or registration number in the appropriate box and click the "submit" button.

Your Annual Report filing cannot be completed or posted until you return the enclosed check or money order with the required payment voucher to our office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 614A00000125