

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05085

1. Corporation Name

FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOCIATION

W06-29473

2. Principal Office Address

32 Calle Hermosa

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

Zip
32561

Country

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1984

5. FEI Number

21-0226880

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

Mildred Frates-Smith

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

#36 Calle Hermosa

Suite, Apt. #, Etc.

City

Pensacola Beach

State

FL

Zip Code

32561

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Mildred Frates-Smith	#36 Calle Hermosa	Pensacola Beach, FL 32561
Sec	Karen Kreitzberg	#32 Calle Hermosa	Pensacola Beach, FL 32561
Dir	Mike McGartland	University Center 1 #500 1300 S UNIVERSITY DR.	Ft. Worth, TX

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Kreitzberg

6/26/2006

Date

850-932-8505

Daytime Phone #

FILED

06 JUL 11 AM 7:17

RECEIVED 04-06
CR2E081 (12/05)

B Mitchell III 14 2006

June 23, 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314


RE: Reinstatement of FIRST ADDITION TO SANTA ROSA VILLAS OWNERS
ASSOCIATION, INC. Corporation document number N05085

Dear Secretary of State,

Having recently returned to our home on Pensacola Beach after Hurricane Ivan, I found the Association's records which have been stored for 2 years. Therefore our annual report has not been filed for quite some time. I spoke with an officer at your Reinstatement section who directed me to download and complete the corporate reinstatement form, enclose a check for this year's dues, and write a letter outlining the circumstances of our delinquency.

We are asking that the reinstatement fee be waived because we did not receive the notices.

Thank you,


Karen Kreitzberg, Secretary FASRVOA
850-932-8505
#32 Calle Hermosa
Pensacola Beach, FL 32561 Secretary