

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05085

1. Corporation Name

FIRST ADDITION TO SANTA ROSA VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business

32 CALLE HERMOSA  
PENSACOLA BEACH FL 32561  
US

Mailing Address

32 CALLE HERMOSA  
PENSACOLA BEACH FL 32561  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

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. 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	City / State / Zip
P	SMITH, DOUGLAS E	32 CALLE HERMOSA	PENSACOLA BEACH FL 32561
P D	FRUTRE-SMITH, MILDRED Fratre-Smith	36 CALLE HERMOSA	PENSACOLA BEACH FL 32561
STD D	KREITZBERG, KAREN	32 CALLE HERMOSA	PENSACOLA BEACH FL 32561
D	MCGARTLAND, MIKE	14 CALLE HERMOSA	PENSACOLA BEACH FL 32561
		0000014318320 03/18/03-01040-011	**297.50

8. Name and Address of Current Registered Agent

KREITZBERG, KAREN  
32 CALLE HERMOSA  
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*MILDRED KREITZBERG*  
REGISTERED AGENT MUST SIGN

Date

*March 14, 2003*

11. 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 under section 119.07(3)(i), 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: *MILDRED KREITZBERG*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03 850 932-8505

Date

Daytime Phone #

CR2E040 (8/02)