PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 11 PM 3:29

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000002449

1. Corporation Name
CASPIAN ESTATES HOMEOWNERS ASSOCIATION, INC.

300184011553
08/04/10 01030 006 358.75
CR2E081 (6/10)

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
5311 E. Co. Hwy 30-A		5311 E. Co. Hwy 30-A	
Suite, Apt. #, etc Suite 3		Suite, Apt. #, etc Suite 3	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL	
Zip 32459	Country USA	Zip 32459	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
205273420
☐ 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
Walter R. Pritchett

Street Address (P.O. Box Number is Not Acceptable)
5311 E. Co. Hwy 30-A

Suite, Apt. #, Etc
Suite 3

City	State	Zip Code
Santa Rosa Beach, FL	FL	32459

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 Walter R. Pritchett
REGISTERED AGENT MUST SIGN

Date 8/9/2010

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	Todd Seagle	238 Scenic Gulf Drive	Miramar Beach, FL 32550
DV	Buddy Barrett	121 First Ave South, Ste 200	Franklin TN, 37064
DST	Shannon Folgmann	508 Franklin Street	Huntsville, AL 35801

10. **E-mail Address:** rosspritchett@aol.com
(To be used for future annual report notification)

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. I further certify 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: Todd Seagle — Todd Seagle — 8/6/2010 — 850-337-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #