

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 PM 12:30

DOCUMENT # *N06000011339*

1. Corporation Name

SOUNDSIDE MOORINGS HOMEOWNERS ASSOCIATION, INC.

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

1234 Airport Road

Suite, Apt. #, etc.

Suite 102

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

1234 Airport Road

Suite, Apt. #, etc.

Suite 102

City & State

Destin, FL

Zip

32541

Country

USA

500163184255
11/30/09--01047--008 **297.50
REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 11/01/2006

5. FEI Number
205853860

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

Robert E. Black

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

1234 Airport Road

Suite, Apt. #, Etc.

Suite 102

City

Destin

State

FL

Zip Code

32541

☐ 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

Robert E. Black

REGISTERED AGENT MUST SIGN

Date 11/23/09

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
P	Robert E. Black	1234 Airport Road, Ste 102	Destin, FL 32541
VP	Ricky Wiggins	1234 Airport Road, Ste 102	Destin, FL 32541

10. E-mail Address: bblack@adi.gccoxmail.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:

Robert E. Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/09

Date

850-837-7555
Daytime Phone #