

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>																													
<b>DOCUMENT #</b> <i>N06000011339</i>																															
1. Corporation Name <b>SOUND SIDE MOORINGS HOMEOWNERS ASSOCIATION, INC.</b>																															
2. Principal Office Address - No P.O. Box # <b>1234 Airport Road</b>		3. Mailing Office Address <b>1234 Airport Road</b>																													
Suite, Apt. #, etc. <b>Suite 102</b>		Suite, Apt. #, etc. <b>Suite 102</b>																													
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>																													
Zip <b>32541</b>	Country <b>USA</b>	Zip <b>32541</b>	Country <b>USA</b>																												
7. Name and Address of Current Registered Agent Name <b>Robert E. Black</b> Street Address (P.O. Box Number is Not Acceptable) <b>1234 Airport Road</b> Suite, Apt. #, Etc. <b>Suite 102</b> City <b>Destin</b> State <b>FL</b> Zip Code <b>32541</b>																															
<input type="checkbox"/> 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 <i>Robert E. Black</i> Date <i>11/23/09</i> <b>REGISTERED AGENT MUST SIGN</b>																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td><b>Robert E. Black</b></td> <td><b>1234 Airport Road, Ste 102</b></td> <td><b>Destin, FL 32541</b></td> </tr> <tr> <td>VP</td> <td><b>Ricky Wiggins</b></td> <td><b>1234 Airport Road, Ste 102</b></td> <td><b>Destin, FL 32541</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	<b>Robert E. Black</b>	<b>1234 Airport Road, Ste 102</b>	<b>Destin, FL 32541</b>	VP	<b>Ricky Wiggins</b>	<b>1234 Airport Road, Ste 102</b>	<b>Destin, FL 32541</b>																
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10. E-mail Address: <u>bblack@adi.gcoxmail.com</u> <small>(To be used for future annual report notification)</small>																															
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.																															
<b>SIGNATURE:</b> <i>Robert E. Black</i> Date <i>11/23/09</i> Daytime Phone # <i>837-7555</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>																															