

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -9 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 6404**

1. Corporation Name
Capistrano Condominium Owners' Association, Inc.

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-06/16/98--01063--008
****420.00 ****420.00

Principal Place of Business: **8682 E. County Hwy. 30A, Panama City Beach, FL 32413, USA**

Mailing Address: **c/o Suncoast Association, 155 Poinciana Blvd., Destin, FL 32541, USA**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida: **NOV. 20, 1984**

5. FEI Number: **59-3227980**

6. CERTIFICATE OF STATUS DESIRED \$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	John Harper	404 Montezuma Ave.	Dothan, GA 36303
VD	Jim Walcutt	332 Quail Court	Russell, KY 41169
STD	Todd Suttcliffe	1824 Hawthorne St.	Grosse Pointe Woods Michigan 48236
D	Sharon Higgins	12 Beech wood Dr.	Wayne, NY 07470
	TS	95-98	6/11

8. Name and Address of Current Registered Agent

REINSTATEMENT

Name: **Walter Dan Scott**

Street Address (P.O. Box Number is Not Acceptable): **155 Poinciana Blvd.**

Suite, Apt. #, Etc.

City: **Destin**

State: **FL**

Zip Code: **32541**

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.

Signature of Registered Agent: *[Signature]* **Walter Dan Scott**

Date: **4/23/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *[Signature]* **Jim Walcutt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 15, 1998**

Daytime Phone #

CR2E040 (1/98)