

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Sega II Townhomes Owners' Assoc. Inc.

NO7000003225

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

4130 Catherine St.

Suite, Apt. #, etc.

3. Mailing Office Address

4130 Catherine St.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL PCB, FL

Zip

Country

32408

USA

Zip

Country

32408

USA

7. Name and Address of Current Registered Agent

Name

Martin Sebring

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

4130 Catherine St.

Suite, Apt. #, Etc.

City

PCB

State

FL

Zip Code

32408

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

Martin K. Sebring

REGISTERED AGENT MUST SIGN

Date

2/5/10

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 |
|--------|-----------------------------------|--|--------------------|
| PRES. | Martin Sebring | 4130 Catherine St. | PCB, FL 32408 |
| V.Pres | William Miner | 4132 Catherine St. | PCB, FL 32408 |
| Sec. | Sonia Steffen | 4126 Catherine St. | PCB, FL 32408 |
| Treas. | Don Davis | 4128 Catherine St. | PCB, FL 32408 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: ddavis08@yahoo.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:

Martin K. Sebring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/10

Daytime Phone #

850-541-3113

600171049226

U3/U2/10--01049--006 **358.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified To Do Business in Florida

3-28-2007

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.