

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N10435**

1. Corporation Name

ENDLESS SUMMER OWNERS ASSOCIATION, INC.

Principal Place of Business

17614 FRONT BEACH RD
 PANAMA CITY BEACH FL 32413

Mailing Address

17614 FRONT BEACH RD
 PANAMA CITY BEACH FL 32413



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1985

5. FEI Number

59-2616259

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
PTD	JERNIGAN, EARL	WALLACE COLLEGE, RT. 6 BOX 62	DOTHAN AL 36303
VPD	SCARBOROUGH, D.A.	P.O. BOX 1329	ALEXANDER CITY H AL 35011
D	BRIDGEWATER, BOB	2626 CHEYENNE DRIVE	BOWLING GREEN KY 42104
D	JOINER, GLENN	2235 NEW COUNTY LINE ROAD	SYLACAUGA AL 35150
SD	FINDLEY, MILTON	1393 BEMBROOKE LANE	ACWORTH GA 30101
D	ELLIS, MONTE	8014 RANDALL ROAD	HUNTSVILLE AL 32413

8. Name and Address of Current Registered Agent

HESS, BRIAN
 9108 FRONT BEACH RD.
 PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
500009370575		
Suite, Apt. #, Etc. 12705702-01028-011 *03625		
City	State	Zip Code
	FL	

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Earl Jernigan SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 12-3-2002

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 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.

EARL JERNIGAN

SIGNATURE:

Earl Jernigan SIGNATURE REQUIRED
 PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-02 334-794-0203

Date

Daytime Phone #