

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **110674**

1. Corporation Name

Sea Oats West Condominium Association  
of Pensacola, Inc.

Principal Place of Business

Mailing Address

Perdido Key  
Pensacola, FL

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

2. New Principal Office Address, If Applicable

17281 Perdido Key Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

329 8th Street  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

1985

5. FEI Number

59-257-9954

Applied For

Not Applicable

City & State

Pensacola, FL

City & State

Atlantic Beach FL 32233

Zip

32507

Country

Escambia

Zip

32233

Country

Duval

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Robert D. Reynolds (D)	4058 Hickory Drive	Montgomery, AL 36109
Treas.	David Ulrich (D)	329 8th Street	Atlantic Beach, FL 32233
Sec	Jane Kinser (D)	306 Port Royal Way	Pensacola, FL 32501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

David Ulrich

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

329 8th St.

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

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

*David Ulrich*

David Ulrich

Date

9/20/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*David Ulrich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/98

Date

(904) 542-5184

Daytime Phone # ext 40

REINSTATEMENT 86-98

FILED  
98 OCT 21 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2040 (12/98)