

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 30 PM 4:00

DOCUMENT # N11497

1. Corporation Name

Soundwind Condominium Association, Inc.

600184868316
08/30/10--01055--011 **\$42.50

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

5539 Soundside Dr.

3. Mailing Office Address

5539 Soundside Dr.

Suite, Apt. #, etc.

Unit F

Suite, Apt. #, etc.

Unit F

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

US

Zip

32563

Country

US

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1985

5. FEI Number
59-3016559

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Russell K. Nichols

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

5539 Soundside Dr.

Suite, Apt. #, Etc.

Unit F

City

Gulf Breeze

State

FL

Zip Code

32563

REINSTATEMENT

05-10 B 8/31/10

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

Russell K. Nichols

Date 08/26/2010

REGISTERED AGENT MUST SIGN

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
P/D	John Darren Warren	5539 Soundside Dr, Unit E	Gulf Breeze, FL 32563
VP/S/T/D	Russell K. Nichols	5539 Soundside Dr., Unit F	Gulf Breeze, FL 32563
D	James Palmer	5539 Soundside Dr., Unit D	Gulf Breeze, FL 32563
D	William Palmer	5539 Soundside Dr., Unit C	Gulf Breeze, FL 32563

10. E-mail Address: RustyNichols@me.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:

Russell K. Nichols

08/26/2010 850-485-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #