

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAY 15 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N 12437**

1. Corporation Name
Tradewinds Condominium Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #
2250 Scenic Gulf Drive

3. Mailing Office Address
2250 Scenic Gulf Drive

City & State
Miramar Beach, Florida

City & State
Miramar Beach, Florida

Zip
32550-6841 Country
Walton

Zip
32550-6841 Country
Walton

4. Date Incorporated or Qualified To Do Business in Florida
12/09/1985

5. FEI Number
59-2746367

6. CERTIFICATE OF STATUS DESIRED
Yes

Applied For
 Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Sue Hollingsworth

Street Address (P.O. Box Number is Not Acceptable)
2250 Scenic Gulf Drive

City
Miramar Beach

State
FL

Zip Code
32550

REINSTATEMENT
MAY 15 2015

R. HUNT
70027298857
05/15/15--01033--032 **367.50

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 **Sue Hollingsworth** Date **May 9, 2015**

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	YEP, CALVIN	4026 Lyndhurst Place	Sugarland, Texas 77479
T	Hollingsworth, Sue	106 Arcadia Drive	Tuscaloosa, Alabama 35404
V	Russell, William	2537 Chimney Springs Drive	Marietta, Georgia 30062
S	Thresher, Richard	3341 N Long Grove Road	Cecilia, Kentucky 42724
D	Cassidy, Mark	P.O. Box 8273	Gadsden, Alabama 35902
D	Smith, Keith	416 StAthens Way	Warner Robins, Georgia 31088

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Sue Hollingsworth** Date **May 9, 2015**


SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205553-0833
850 837-5559
Daytime Phone #

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** separate —
* additional sheet*

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #					
1. Corporation Name					
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
5. FE Number				Apply For Not Applicable	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
State, Apt. #, Etc.					
City		State	Zip Code	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.	
Signature of Registered Agent		REGISTERED AGENT MUST SIGN		Date	
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	
D	Yampolsky, Ella	2250 SCENIC GULF DRIVE #32		Miramar Beach Florida 32550	
REINSTATEMENT					
MAY 15 2015					
R. HUNT					
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>					
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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone # _____					