

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 17473*

1. Corporation Name

FANTASY HARBOR OWNERS ASSOCIATION INC

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

76432 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

Zip

33036

Country

USA

3. Mailing Office Address

P.O. Box 144120

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-86

5. FEI Number

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

BOYCE F. EZELL III

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

1224 ALFONSO AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *11-6-08*

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
<i>P/D</i>	<i>BILL BLAKEY</i>	<i>76414 OVERSEAS HIGHWAY</i>	<i>ISLAMORADA, FL 33036</i>
<i>V/D</i>	<i>JOHN MICHAEL PENNEKAMP</i>	<i>76412 OVERSEAS HIGHWAY</i>	<i>ISLAMORADA, FL 33036</i>
<i>S/D</i>	<i>CYNTHIA BLAKEY</i>	<i>76414 OVERSEAS HIGHWAY</i>	<i>ISLAMORADA, FL 33036</i>
<i>T/D</i>	<i>BOYCE F. EZELL III</i>	<i>76432 OVERSEAS HIGHWAY</i>	<i>ISLAMORADA, FL 33036</i>

10. 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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOYCE F. EZELL III TREAS

11-06-08

Date

Daytime Phone #

305 8566660

FILED

08 NOV 10 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/10/08--01031--025 **1400.00

REINSTATEMENT

CR2E081 (10/08)

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