

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 26 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21270**

1. Corporation Name

Sea Oaks Unit I Homeowners' Association, Inc.

2. Principal Office Address

18 Sea Oaks Drive

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip
32080

Country
USA

3. Mailing Office Address

18 Sea Oaks Drive

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip
32080

Country
USA

500060949115

10/26/05--01029--005 **542.50

REINSTATEMENT

00-05

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

1987

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

Bruce Tustin

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

18 Sea Oaks Drive

Suite, Apt. #, Etc.

City

St. Augustine

State
FL

Zip Code
32080

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

REGISTERED AGENT MUST SIGN

Date **10/24/05**

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
PD	Bruce Tustin	18 Sea Oaks Drive	St. Augustine, FL 32080
VD	Christian Hanks	20 Sea Oaks Drive	St. Augustine, FL 32080
STD	Steve Mitherz	17 Sea Oaks Drive	St. Augustine, FL 32080

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Tustin
K. Bruce Tustin

10/24/05

Date

904-461-9647

Daytime Phone #