



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N22126</b> 1. Entity Name <b>BARRIER DUNES-SEACLIFFS SEWAGE TREATMENT FACILITY, INC.</b>				<b>FILED</b> <b>06 JAN 12 PM 4:44</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>C/O DENNIS WEAVER</b> <b>C30 AT STATE PARK</b> <b>PORT ST JOE, FL 32456</b>		Mailing Address <b>200 REID AVE</b> <b>PORT ST JOE, FL 32456</b>			
2. Principal Place of Business <b>96 Robinson &amp; Friedman</b> Suite, Apt. #, etc. <b>214 7th Street</b>		3. Mailing Address <b>P.O. Box 1154</b> Suite, Apt. #, etc.			
City & State <b>Port St. Joe, FL</b>		City & State <b>Port St. Joe, FL</b>			
Zip <b>32456</b>		Country <b>USA</b>		4. FEI Number <b>58-1832889</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COSTIN, CHARLES A.</b> <b>413 WILLIAMS AVENUE</b> <b>PORT ST. JOE, FL 32456</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PALMER, MORRIS</b> <b>204 HWY 98</b> <b>PORT SAINT JOE, FL 32456</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PICKETT, BOYD</b> <b>108 SUNSET CIR</b> <b>PORT SAINT JOE, FL 32456</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SUMMERS, LARRY</b> <b>PO BOX 23660</b> <b>LEXINGTON, KY 40523</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>			<div style="text-align: center;"> <b>200064593722</b>  <b>01/26/06--01065--024 **122.50</b> </div>		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-5-06</b> Daytime Phone #		