

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT -4 AM 11:16

DOCUMENT # N25363

1. Corporation Name  
THE Docks on Old River CONDOMINIUM  
PO Box 34455 ASSOCIATION, INC.  
Pensacola, FL 32507

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

116310 Perdido Key Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 34455

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32507

Country

USA

Zip

32507

Country

USA

7. Name and Address of Current Registered Agent

Name

Rebecca J Nadolny

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

116310 Perdido Key Dr

Suite, Apt. #, Etc.

E704

City

Pensacola

State

FL

Zip Code

32507

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

Rebecca J Nadolny

REGISTERED AGENT MUST SIGN

Date 8/31/10

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
Pres	Bob Williamson	970 Commonwealth Rd	Pensacola, FL 32504
VP	Bill Alumbaugh	10754 Crosscut Dr.	Pensacola, FL 32506
SLT	Gaye Shoulte		
D	Kent Ball	2558 Crescent Dr N	Mobile AL 36605
D	Travis Owens	29755 Ono Blvd	Orange Beach, AL 36561
D	Rob Agren		

10. E-mail Address: Becky@Perdidokey.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:

Robert O. Williamson Pres

9/1/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS  
100186256981  
10/04/10--01057--008 \*\*175.00  
100186256981  
10/04/10--01057--007 \*\*187.50  
**REINSTATEMENT** 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

31-1245639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.