

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N28149

1. Corporation Name

**SEMINOLE BY THE SEA HOMEOWNERS ASSOCIATION
INC.**

[Handwritten Signature]

2. Principal Office Address

2133 SEMINOLE ROAD

Suite, Apt. #, etc.

UNIT #4

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

3. Mailing Office Address

2133 SEMINOLE ROAD

Suite, Apt. #, etc.

UNIT #4

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

REINSTATEMENT 98-00

4. Date incorporated or Qualified
To Do Business in Florida

1988

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

BETTY LYNN DICKER

100003307981-4

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

2133 SEMINOLE ROAD

-06/28/00--01070--07

******358.50 ****358.50**

Suite, Apt. #, etc.

UNIT #4

City

ATLANTIC BEACH

State
FL

Zip Code

32233

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

[Handwritten Signature: Betty Lynne Dicker]
REGISTERED AGENT MUST SIGN

Date **5-8-00**

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/D	BETTY LYNN DICKER	2133 SEMINOLE ROAD UNIT #4	ATLANTIC BEACH, FL 32233
S/D	SUZANNE M. BRADLEY	2133 SEMINOLE ROAD UNIT #1	ATLANTIC BEACH, FL 32233
D	RICHARD GERRITY	124 SEA LILY LANE	PONTE VEDRA BEACH, FL 32082

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:

[Handwritten Signature: Betty Lynne Dicker]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/00

Date

904 247-7766

Daytime Phone #