

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 18 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 33785*

1. Corporation Name

Holiday Shores Estates Assoc, Inc.

2. Principal Office Address

980 Shore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

980 Shore Dr.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32550

Country

Walton

City & State

Destin, FL

Zip

32550

Country

Walton

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

8/16/89

5. FEI Number

592987123

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

James J. Foster

800004065518--7

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

30 South Shore Drive

-04725701--01007--022

*****122.50 ****122.50*

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

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 *3/30/01*

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-9</i> | | | |
| <i>Pres</i> | <i>John Foster D</i> | <i>724 Shore Dr.</i> | <i>Destin, FL 32550</i> |
| <i>VP-D</i> | | | |
| <i>V.Pres</i> | <i>Bob Klein D</i> | <i>152 Shore Dr.</i> | <i>Destin, FL 32550</i> |
| <i>S-T-D</i> | | | |
| <i>Sec-Tres</i> | <i>Janet Snow D</i> | <i>980 Shore Dr.</i> | <i>Destin, FL 32550</i> |
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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:

Janet L. Snow

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 *(850) 837-9355*

Date

Daytime Phone #

CR2E081 (9/00)