

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N36269

1. Corporation Name

LEEWARD II OWNERS ASSOCIATION, INC.

Principal Place of Business

DREAMLAND HEIGHTS. #D-2  
P. O. BOX 4899  
SEASIDE FL 32459

Mailing Address

DREAMLAND HEIGHTS. #D-2  
P. O. BOX 4899  
SEASIDE FL 32459

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1990

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PD            | MCDANAL, GARY                             | 309 CARRIAGE LN  | ALABASTER AL            |
| VD            | ALLUMS, BRENDA                            | 300 DAILEY'S PLANTATION CT                             | MCDONOUGH GA            |
| STD           | MCDANAL, JODI D.                          | 309 CARRIAGE LN  | ALABASTER AL            |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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|               |   |  |                         |

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

MULLINS, AUBREY L.  
HWY 30A  
DREAMLAND HEIGHTS #D-2  
SEASIDE FL 32459

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Aubrey L. Mullins*  
REGISTERED AGENT MUST SIGN

Date 10-25-01

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 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:

*Jodi D. McDaniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01

Date

205/6647663

Daytime Phone #

CR2E040 (8/01)