

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

09 SEP 18 PM 4:29

DOCUMENT #

N 36269

1. Corporation Name

Leeward II owners Association, INC

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

627 Eastern Lake Rd Robert Coppedge

3. Mailing Office Address

Suite, Apt. #, etc.

8638 Co Hwy 30A, Unit B402

Suite, Apt. #, etc.

Leeward II

City & State

Seagrave Beach, FL

City & State

Panama City Beach, FL

Zip

32489

Country

Walton

Zip

32413

Country

Walton

7. Name and Address of Current Registered Agent

Name

Robert W. Coppedge

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

8638 Hwy 30A - B-402

Suite, Apt. #, Etc.

B-402

City

Panama City Beach

State

FL

Zip Code

32413

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

Robert W. Coppedge

REGISTERED AGENT MUST SIGN

Date 9-15-09

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 Coppedge	8638 Co Hwy 30A, Unit B402	Panama City Beach, FL 32413
V.P.	Jim Cook	7984 Goringwood Lane	Germanatown, FL 38138
	Patricia Daniels		
Treasurer	Patricia Daniels	627 Eastern Lake Rd #6	Santa Rosa Beach, FL 32459

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 contained in Chapter 119, 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:

Robert W. Coppedge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/09 404 269 6044
404 284 2291

KS

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

1982

5. FEI Number

258287863

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.

100160812251
09/18/09--01032--007 **481.25