

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 22 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # N40367

1. Corporation Name

Sealoft II Owners Association, Inc.

400005665894--7

-06/03/02--01087--011

\*\*\*\*297.50 \*\*\*\*297.50

2. Principal Office Address

12815 Highway 98 West

3. Mailing Office Address

12815 Highway 98 West

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Destin, FL

City & State

Destin, FL

Zip

32550

Country

Walton

Zip

32550

Country

Walton

4. Date Incorporated or Qualified

To Do Business in Florida Oct. 12, 1990

5. FEI Number

59-3042164

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

Loretta W. Smith, CAM

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

12815 Highway 98 W

Suite, Apt. #, Etc.

Suite 100

City

Destin, FL 32550

State

FL

Zip Code

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

Loretta W. Smith

REGISTERED AGENT MUST SIGN

Date

May 1, 2002

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/ Director	Delphia Smith	1740 County RD 39	Chelsea, AL 35043
VP Director	Gary Kennedy	6540 Bridle way Drive	Arrington, TN 37014
S/T Director	Iex Taylor	937 West Main Street	Louisville, MS 39339
Director	Larry Stepp	1001 Old Towne lane	Woodstock, GA 30189
Director	Pete Cash	P.O. Box 383	Elba, AL 36323

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:

Delphia Smith Delphia Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/02 2056788911

Daytime Phone #

CR2E081 (9/01)