

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 150245

1. Corporation Name

Quail Ridge Landings
Homeowners' Association, Inc.

2. Principal Office Address

3188 Birdseye Circle
Suite, Apt. #, etc.

3. Mailing Office Address

3188 Birdseye Cir.
Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

US

Zip

32563

Country

US

REINSTATEMENT 04-06
CR2E081(12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

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

Audith Davis

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

3188 Birdseye Circle

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

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

Audith Davis

Date

3/25/03

REGISTERED AGENT MUST SIGN

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.	Shawn Hankins	3139 Birdseye Circle	Gulf Breeze, FL
V. Pres	Lisa Butler	3167 Birdseye Circle	Gulf Breeze, FL
Secy	Diane Williams	3204 Birdseye Circle	Gulf Breeze, FL
Treas	Audith Davis	3188 Birdseye Circle	Gulf Breeze, FL
	<u>DR 2/12</u>		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audith Davis

Date

1/30/06

Daytime Phone #

850-932-7318