

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 14 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N93000005401

1. Corporation Name

REEF POINT PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address

7166 Sharp Reef Road

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32507

Country

Escambia

3. Mailing Office Address

7166 Sharp Reef Road

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32507

Country

Escambia

REINSTATEMENT

95-04

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/93

5. FEI Number  
59-3231246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

James S. Campbell

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

501 Commendancia Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

REGISTERED AGENT MUST SIGN

Date

1/4/04

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
P/D	Fred Garth	7166 Sharp Reef Road	Pensacola, Florida 32507
V/D	J. R. Jones, III	2105 Ryegate Court	Mobile, Alabama 36693
T/S/D	A. C. Tonsmeire	710 South Mobile Street	Fairhope, Alabama 36532

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04

251-666-4215

CR2501 (10/02)