

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N93000005701

**1. Corporation Name**

Santa Rosa Tourism Bureau, Inc.

**2. Principal Office Address**

1917 Navarre School Road

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

Country

USA

**3. Mailing Office Address**

P. O. Box 5430

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566-0430

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

December 15, 1993

**5. FEI Number**

59-3219351

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

Kathy Newby

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

1917 Navarre School Road

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

**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

*Kathy Newby*

REGISTERED AGENT MUST SIGN

Date 5/05/05

**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
CD	Katie Curle	1971 Prado St.	Navarre, FL 32566
D	Gordon Goodin	6495 Caroline St., Suite M	Milton, FL 32570
D	Dorothy Slye	1804 Prado St.	Navarre, FL 32566
D	Jack Sanborn	8974 Tomahawk Landing Road	Milton, FL 32570
D	Ed Taylor	140 Hollywood Blvd., S.W.	Ft. Walton Beach, FL 32548
D	Clay Ford	613 Bay Cliffs Road	Gulf Breeze, FL 32561

**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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/05/05

Date

850-939-2691

Daytime Phone #

FILED

05 MAY -9 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

CR2E081 (01/05)

Santa Rosa Tourism Bureau, Inc. (Cont'd)

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Ira Mae Bruce	8510 Navarre Parkway	Navarre, FL 352566
D	Pat Quinn	5701 Gulf Breeze Parkway	Gulf Breeze, FL 32561
D	Clayton White	5365 Park Lane	Milton, FL 32570