

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1246

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 17 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA400120419644
03/17/08--01005--022 **183.75

DOCUMENT # N93000005781

1. Corporation Name

Piedmont Place Owner's Association, Inc.

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

c/o O'Sullivan Creel

Suite, Apt. #, etc.

45-NE-Beal-Pkwy

City & State

Ft Walton Bch, FL

ZIP

32548

Country

Okaloosa

3. Mailing Office Address

c/o O'Sullivan Creel

Suite, Apt. #, etc.

PO-Box-1600

City & State

Ft Walton Bch, FL

ZIP

32549

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1993

5. FEI Number

59-3234462

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

Pamela Lowe

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

905-3 Piedmont Place

Suite, Apt. #, Etc.

City

Ft Walton Bch

State

FL

ZIP Code

32547

☒ 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.

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*Pamela M. Lowe*

REGISTERED AGENT MUST SIGN

Date

20 FEB 08

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
D	Christopher Pryce	905-2 Piedmont Place	Ft Walton Bch, FL 32547
D	Pamela Lowe	905-3 Piedmont Place	Ft Walton Bch, FL 32547
D	Jams Dixon	905-6 Piedmont Place	Ft Walton Bch, FL 32547

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:

Pamela M. Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 FEB 08

Date

850 862 3601

Daytime Phone #