


2006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N94000003158

1. Corporation Name

Skipper Townhome Association, INC

2. Principal Office Address

3201 W 13th St

Suite, Apt. #, etc.

Unit B

City & State

PANAMA City, FL

Zip

32401

Country

US

3. Mailing Office Address

3201 W 13th St

Suite, Apt. #, etc.

Unit B

City & State

PANAMA City, FL

Zip

32401

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/1994

5. FEI Number

59-3259452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Harolynn Long

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

3201 W 13th St

Suite, Apt. #, Etc.

Unit B

City

Panama City

State

FL

Zip Code

32401

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

Harolynn Long

Date 2/10/06

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
PD	Smith, Kenneth 3201 W 13th St Unit C PANAMA City, FL 32401		
VD	LONG, ALAN W. 3201 W 13th St Unit B PANAMA City, FL 32401		
TD	Long, HAROLYNN 3201 W 13th St Unit B PANAMA City, FL 32401		

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

Harolynn Long

Date

2/10/06

Phone Number