PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 12:06

DOCUMENT # N94000005615

1. Corporation Name

SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16761 SEAGULL BAY CT BOKEELIA FL 33922 US	16761 SEAGULL BAY COURT BOKELLIA FL 33922

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT OL

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1994

5. FEI Number: 65-0734198 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SCHWANDT, HUGO	~~16713 SEAGULL BAY CT~~ 16651 SEAGULL BAY CT	BOKEELIA FL 33922
DV	HANN, STEVE	8231 MAIN ST	BOKEELIA FL 33922
DT	COLEMAN, WAYNE	16763 SEAGULL BAY CT	BOKEELIA FL 33922
			400004705834--8 -12/05/01--01037--022 ****175.00 ****175.00
			400004705834--8 -12/05/01--01037--023 *****61.25 *****61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHWANDT, HUGO 16713 SEAGULL BAY CT BOKEELIA FL 33922	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Hugo SIGNATURE REQUIRED Date: 16 Nov 2001
REGISTERED AGENT MUST SIGN

11. 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.

WAYNE COLEMAN

SIGNATURE: SIGNATURE REQUIRED Wayne Coleman Oct 19, 2001 (941) 939-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #