PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000635

1. Corporation Name
Sovereign Isle Homeowner's Association, Inc.

Principal Place of Business
4588 Woodwind Dr.
Destin, FL 32541

Mailing Address
c/o Suncoast Association mgmt.
155 Poinciana Blvd.
Destin, FL 32541

000002513810--8
-05/06/98--01096--002
****358.75 ****358.75

REINSTATEMENT 96-98

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

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

3. New Mailing Office Address, If Applicable
Suncoast Association mgmt
Suite, Apt. #, etc.
155 Poinciana Blvd.
City & State
Destin, Florida
Zip 32541 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida
Feb. 3, 1995

5. FEI Number
59-3389447
☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Joe Butler	207 Natures Trail	Ft. Walton Beach, FL 32548
SD	Tim Fulmer	P.O. Box 5438, N/a	Destin, FL 32540
TD	David Meyer	707 Elise Lane	Destin, FL 32541
D	Justin Durst	Industrial Park Rd. Unit 4C	Destin, FL 32541

4/6/1/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Dan Scott
Street Address (P.O. Box Number is Not Acceptable): 155 Poinciana Blvd.
Suite, Apt. #, Etc.:
City: Destin | State: FL | Zip Code: 32541

CR2E040 (1/98)

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: [signature] Date: 4/23/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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] Joe Butler April 28, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #