

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000001824

1. Corporation Name

MAGNOLIA DUNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4333 HIGHWAY 30A  
SUITE 3  
SEAGROVE BEACH FL 32459

4333 HIGHWAY 30A  
SUITE 3  
SEAGROVE BEACH FL 32459

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

2. New Principal Office Address, If Applicable

4039 E. Co. Hwy 30A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

4039 E. Co. Hwy 30A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1995

5. FEI Number

NOT APPLICABLE

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
PD	BATUR, KENNETH E	4935 E. CO HWY 30A STE 3	SEAGROVE BCH FL 32459
D	BATUR, PATRICIA	4935 E. CO HWY 30A STE 3	SEAGROVE BCH FL 32459
D	WATSON, FRANKLIN	4935 E. CO HWY 30A STE 5	SEAGROVE BCH FL 32459
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8. Name and Address of Current Registered Agent

BATUR, KENNETH E  
4935 E. CO. HWY 30 A  
SEAGROVE BCH FL 32459

9. Name and Address of New Registered Agent

Name  
PAMELA M. MIDDLETON  
Street Address (P.O. Box Number is Not Acceptable)  
4039 E. Co. Hwy 30-A  
Suite, Apt. #, Etc.

City

Seagrove Bch

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-231-2090



REINSTATEMENT 00-01

CR2E040 (8/00)