

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **NA5000003214**

1. Corporation Name
SHORTLINE LAKE ESTATES HOMEOWNERS ASSOCIATION
OF SANTA ROSA BEACH, INC.

Principal Place of Business

Mailing Address

FILED

97 FEB 24 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002096815--7
-02/25/97--01083--013
****306.25 ****306.25

REINSTATEMENT *96-97*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

734 SLALOM WAY

3. New Mailing Address, If Applicable

← SAME

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3329379

Applied For

Not Applicable

City & State

SANTA ROSA BCH, FL

City & State

Zip

32459

Country

US

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P	RHETT GLOVER	734 SLALOM WAY	SANTA ROSA BCH, FL 32459
D, V	CORY PICKUS	716 SLALOM WAY	SANTA ROSA BCH, FL 32459
D	JAY ODOM	1965 HWY 98 EAST	DESTIN, FL 32541
D, ST	MARTHA WALTON	795 SLALOM WAY	SANTA ROSA BCH, FL 32459
D	JOYCE CROSS	117 LISA MARIE PLACE	SHALIMAR, FL 32579

8. Name and Address of Current Registered Agent

LINDA FRATT
COASTAL PROPERTY MGMT.
10965 OLD HWY 98
SUITE C 102 B
DESTIN, FL 32541

9. Name and Address of New Registered Agent

Name
WENDY GLOVER
Street Address (P.O. Box Number is Not Acceptable)
734 SLALOM WAY
Suite, Apt. #, Etc.

City

SANTA ROSA 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

Wendy Glover
REGISTERED AGENT MUST SIGN

Date 2/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Rhett B. Glover IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHETT B. GLOVER IV

FEB 18 1997

904 267 3786

Date

Daytime Phone #

CR20040 (12/96)