

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAY 30 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003214**

1. Corporation Name

**SHORTLINE LAKE ESTATES HOMEOWNERS ASSOCIATION OF  
SANTA ROSA BEACH, INC.**

Principal Place of Business

734 SLALOM WAY  
SANTA ROSA BEACH FL 32459

Mailing Address

734 SLALOM WAY  
SANTA ROSA BEACH FL 32459



**REINSTATEMENT**

99-00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3329379

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GLOVER, RHETT <i>John Eley</i>	734 SLALOM WAY <i>714 Trick Circle</i>	SANTA ROSA BEACH FL 32459
DV	PICKOS, CORY	716 SLALOM WAY	SANTA ROSA BEACH FL 32459
D	OSBORNE, ALAN	755 SLALOM WAY	SANTA ROSA BCH FL 32459
DST	WALTON, MARTHA	795 SLALOM WAY	SANTA ROSA BEACH FL 32459
D	CROSS, JOYCE <i>Resigned</i>	117 LISA MARIE PLACE	SHALIMAR FL 32579
			3000003307973-9 -06/28/00--01070-1022 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

GLOVER, WENDY  
734 SLALOM WAY  
SANTA ROSA BEACH FL 32459

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *4/26/00*

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

*Cory Pickos*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-26-2000*  
850  
0867-  
3988

CR2E040 (8/99)