

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
and a Mortham
of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003488

1. Corporation Name

CAMP CREEK COVE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

402 JENKS AVENUE
PANAMA CITY FL 32401

402 JENKS AVENUE
PANAMA CITY FL 32401

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1995

5. FEI Number 59-3447437

APPLIED FOR

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)

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 Number)	4 City / State / Zip
PD	STABELL, PETER B	402 JENKS AVENUE	PANAMA CITY FL 32401
TD	STABELL, JASON P	402 JENKS AVENUE	PANAMA CITY FL 32401
VD	ANDERS, JIM	402 JENKS AVENUE	PANAMA CITY FL 32401
S	STABELL, KAARINA M	402 JENKS AVENUE	PANAMA CITY FL 32401

700002848597--0
-04/23/99--01007--017
****122.50 ****122.50

8. Name and Address of Current Registered Agent

GIOIELLO, JOHN L ESQ.
402 JENKS AVENUE
PANAMA CITY FL 32401

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

9. Name and Address of New Registered Agent

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

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:

Jim Anders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

856-865-8585
12/28/98 850-231-0202

ANDERS REAL ESTATE & TIMBER CO, INC.

LIC. REAL ESTATE BROKER
DEALER IN LAND & TIMBER
PHONE 904/674-4141
150 N. MAIN STREET
P.O. BOX 418
BLOUNTSTOWN, FLORIDA 32424

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Dec. 28, 1998

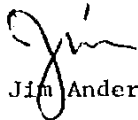
Div. of Corp.
Dept. of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

I did not recieve any other notices of the fee not being paid
and do not feel I owe the \$175.00 reinstatement fee.

I have enclosed checks for \$122.50 to pay for 1998 and 1999.

Sincerely,



Jim Anders