

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 24 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004643(1)

1. Corporation Name

SUNSET OAKS OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

Centre Group Properties, Inc.

3. Mailing Office Address

Centre Group Properties, Inc.

Suite, Apt. #, etc.

4400 Bayou Blvd. #35

Suite, Apt. #, etc.

4400 Bayou Blvd. #35

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32503

Country

US

Zip

32503

Country

US

REINSTATEMENT
CR2E084 (4/07) 91-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tina Longwell

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

4400 Bayou Blvd.

Suite, Apt. #, Etc.

35

City

Pensacola

State

FL

Zip Code

32503

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tina Longwell

REGISTERED AGENT MUST SIGN

Date 9-14-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roy Stokes	1131 Camaree PL	Pensacola, Florida 32534
VP	Kevin Mitchem	1134 Camaree PL	Pensacola, Florida 32534
ST	Don Ozburn	1115 Camaree PL	Pensacola, Florida 32534

10. 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 contained in Chapter 119, 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 #

9/20/07 850 477-7709