

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000072

1. Corporation Name

SEAWINDS ESTATES OWNERS' ASSOCIATION, INC.

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

35 Seawinds Court

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

35 Seawinds Court

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1995

5. FEI Number

59-3446766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Steve Johnston

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

35 Seawinds Court

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

000277086920
09/15/15--01022--013 **1225.00

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

REGISTERED AGENT MUST SIGN

Date 09/10/15

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
President	Steve Johnston	35 Seawinds Court	Santa Rosa Beach, FL 32459
V. President	Daniel Patrick	35 Seawinds Court	Santa Rosa Beach, FL 32459
V. President	Mike Rockafellow	35 Seawinds Court	Santa Rosa Beach, FL 32459

SEP 15 2015

R. HUNT

REINSTATEMENT

10. E-mail Address: jstevej@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Steve Johnston - President

09/10/15

205-902-2611

Date

Daytime Phone #

SEAWINDS ESTATES OWNERS' ASSOCIATION, INC.

**25 Seawinds Court
Santa Rosa Beach, FL 32459**

September 10, 2015

Florida Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

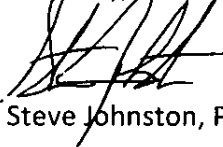
Re: SEAWINDS ESTATE OWNERS' ASSOCIATION, INC.
Document No.: N15000005801

Dear Madam or Sir:

Please be advised that the above entity was voluntarily dissolved by me on September 9, 2015. I am not planning to revoke the dissolution of Seawinds Estate Owners' Association, Inc., therefore, I request that the name be released to Seawinds Estate Owners' Association, Inc.

Thank you for your attention to this matter.

Sincerely,



Steve Johnston, President

SEP 15 2015

R. HUNT