

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 20 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001970

1. Corporation Name

Durango Winds Owners' Association, Inc.

2. Principal Office Address

225 Main Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.

City & State
Destin, Florida

City & State

Zip Country
32541 USA

Zip Country

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

April 12, 1996

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

Robert E. McGill, III

500003222135-5

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

36008 Emerald Coast Parkway

-04/25/00--01010--026

****420.00 ****420.00

Suite, Apt. #, Etc.
301

City
Destin

State
FL

Zip Code
32541

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

3/16/00

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
D	Bobbie Cosper	225 Main Street, Suite 3	Destin, Florida 32541
D	Robert Gedzun	130 Durango #108	Destin, Florida 32541
D	Russell Long	130 Durango #109	Destin, Florida 32541

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

850-837-3527

Daytime Phone #

CR2E081 (9/99)