

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004298**

1. Corporation Name

**TERRY COVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1216 WAKEFIELD DRIVE  
PENSACOLA FL 32514

Mailing Address

1216 WAKEFIELD DRIVE  
PENSACOLA FL 32514

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

**08/15/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	FITZPATRICK, DAVID W	1216 WAKEFIELD DRIVE	PENSACOLA FL 32514
D	FITZPATRICK, DIANE R	1216 WAKEFIELD DRIVE	PENSACOLA FL 32514
DVS	ENGLISH, GREGORY S	1310 E. GONZALEZ STREET	PENSACOLA FL 32501
D	ENGLISH, LINDA J	1310 E. GONZALEZ STREET	PENSACOLA FL 32501

100002398401--5

-01/13/98--01067--002

297.50 \*\*\*297.50

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

FITZPATRICK, DAVID W  
1216 WAKEFIELD DRIVE  
PENSACOLA FL 32514

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

*David W. Fitzpatrick*  
REGISTERED AGENT MUST SIGN

Date **12/11/97**

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:

*David W. Fitzpatrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. FITZPATRICK

Date

Daytime Phone #

**12/11/97 904-476-8677**