

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N9700000611**

1. Corporation Name

**MARITIME ESTATES BEACHSIDE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**26 Beachside Drive  
Palm Coast, FL 32137**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**26 Beachside Drive**

3. New Mailing Office Address, If Applicable  
**26 Beachside Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Coast, FL**

City & State

**Palm Coast, FL**

Zip

**32137**

Country

**USA**

Zip

**32137**

Country

**USA**

**REINSTATEMENT 1998-1999**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/2/97**

5. FEI Number

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 Numbers)	4 City / State / Zip
P	Carol Goewey - D	26 Beachside Drive - D	Palm Coast, FL 32137
T	Jan Elliott - D	30 Beachside Drive - D	Palm Coast, FL 32137
S	B.C. Young - D	35 Beachside Drive - D	Palm Coast, FL 32137

8. Name and Address of Current Registered Agent

**B.C. Young  
35 Beachside Drive  
Palm Coast, FL 32137**

9. Name and Address of New Registered Agent

Name  
**Carol Goewey**  
Street Address (P.O. Box Number is Not Acceptable)  
**26 Beachside Drive**  
Suite, Apt. #, Etc.

City  
**Palm Coast, FL**

State  
**FL**

Zip Code  
**32137**

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

*Carol Goewey*  
REGISTERED AGENT MUST SIGN

Date

**1/19/99**

11. This corporation owes 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:

*Carol Goewey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Carol Goewey**

**1/19/99**  
Date  
**1/19/99**  
**(904) 437-2211**  
Daytime Phone #  
**(904) 437-2211**

CR2E081 (12/98)