PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 2:25

DOCUMENT # N97000002722

1. Corporation Name

EMERALD POINTE OWNERS ASSOCIATION OF BAY COUNTY, INC.

W01-1488

REINSTATEMENT GB-01

2. Principal Office Address
1714 W. 23rd Street
Suite, Apt. #, etc.
Ste. G H MM
City & State
Panama City, Florida
Zip 32405
Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida 05/09/1997

5. FEI Number None ☐ 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: Marylee Miner

Street Address (P.O. Box Number is Not Acceptable): 1714 W. 23rd Street, Ste. G H MM

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***1620.00 *****20.00

Suite, Apt. #, Etc.

City: Panama City State: FL Zip Code: 32405

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: Marylee Miner
REGISTERED AGENT MUST SIGN

Date 1-10-2001

CR2E081 (9/99)

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
	Marylee Miner	1714 W. 23rd Street, Ste. G	Panama City, FL 32405
T	Rebecca Oakes	1714 W. 23rd Street, Ste. G	Panama City, FL 32405
T	Jason Oakes	1714 W. 23rd Street, Ste. G	Panama City, FL 32405

BR 5/9

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: Marylee Miner, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-10-2001

Daytime Phone # (850)763-9006