


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002797

1. Corporation Name
Magnolia Park Homeowner's Association, INC

2. Principal Office Address 212 Wildcat Court		3. Mailing Office Address PO Box 946	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32541	Country USA	Zip 32540	Country USA

REINSTATEMENT 03-07-04

4. Date Incorporated or Qualified To Do Business in Florida May 6, 1997	Applied For
5. FEI Number 59-366645	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Stephen Yates

Street Address (P.O. Box Number is Not Acceptable): 154 Calhoun Ave

Suite, Apt. #, Etc.

City: Destin

State: FL Zip Code: 32541

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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: *Stephen Yates* Date: 9/29/04

REGISTERED AGENT MUST SIGN

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
P	Stephen Yates	212 Wildcat Court	Destin, FL 32541
V	Dino Russell	207 Panther Court	Destin, FL 32541
T	Shelly Tomchay	210 Wildcat Court	Destin, FL 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: *Stephen Yates* Stephen G. Yates Date: 9-29-04 Daytime Phone #: 850-837-6425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)