

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12/11/2012 BY 60323

12 AUG 21 PM 11:59

DOCUMENT # N97000003984

1. Corporation Name

SEASIDE VILLAS HOMEOWNERS' ASSOCIATION, INC.

REINSTATEMENT 98-12

600238695676
08/21/12--01005--015 **1102.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

16733 Perdido Key Drive

3. Mailing Office Address

PO Box 1984

Suite, Apt. #, etc.

Unit A

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Orange Beach, AL

Zip

32507

Country

USA

Zip

36561-1984

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1987

5. FEI Number

80-083-9904

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

John Hubbard

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

16733 Perdido Key Drive

Suite, Apt. #, Etc.

Unit A

City

Pensacola

State

FL

Zip Code

32507

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

John B. Hubbard

REGISTERED AGENT MUST SIGN

Date **8-13-2012**

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/D	George Hatfield	No.1 Shadydale Lane	Rockwall, TX 75032
V/T/D	John Hubbard	16733 Perdido Key Drive, Unit A	Pensacola, FL 32507
S/D	Thomas Doster	2100 International Park Dr	Birmingham, AL 35243

AUG 21 2012

10. E-mail Address: **jhbah@aol.com**

(To be used for future annual report notification)

D. BUTLER

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John B. Hubbard

JOHN B. HUBBARD

8-13-2012

256-572-4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #