

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005784

1. Corporation Name

Reflections Homeowners Association of Perdido Key, Inc.

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

1244 Parasol PL

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

3. Mailing Office Address

1244 Parasol PL

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1997

5. FEI Number

593488380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Vick

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

1244 Parasol PL

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

000224093460
03/07/12--01038--014 **367.50

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

REGISTERED AGENT MUST SIGN

Date

March 5-12

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
PD	Charles Vick	1244 Parasol PL	Pensacola, FL 32507
VD	Michelle Pietri	1239 Reawick DR	San Antonio, TX 78253
TD	Johnny H Bridges	1251 Parasol PL	Pensacola, FL 32507
D	Guy Modica	19623 Creek Round AVE	Baton Rouge, LA 70817

10. E-mail Address: johnbridges1944@gmail.com

(To be used for future annual report notification)

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.817.165, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5-12