

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 12 AM 7:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 98000001370**

**1. Corporation Name**

**OAK HARBOUR TOWNHOUSE VILLA ASSOCIATION INC.**

**2. Principal Office Address**

**1221 AIRPORT RD**

Suite, Apt. #, etc.

**SUITE 206**

City & State

**DESTIN FL**

Zip

**32541**

Country

**OKALOOSA**

**3. Mailing Office Address**

**P.O. BOX 5618**

Suite, Apt. #, etc.

City & State

**DESTIN FL**

Zip

**32540**

Country

**OKALOOSA**

**REINSTATEMENT 99-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3/9/1998**

**5. FEI Number**

**59.3503379**

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

**JACKIE ELY**

**900030578599**

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

**1221 AIRPORT RD STE 206**

**03/16/04--01098--020 \*\*542 50**

Suite, Apt. #, Etc.

City

**DESTIN**

State

**FL**

Zip Code

**32541**

**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

*Jackie Ely*  
REGISTERED AGENT MUST SIGN

Date

**2.6.2004**

**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
PRES	JW DIUGUID	210-A HWY 98E	DESTIN FL 32541
VPRES	CALLIE BARKER	3863 INDIAN TRAIL #105	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:

*JW Diuguid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JW DIUGUID**

Date

**2.6.04**

Daytime Phone #

**850.650.3303**