

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002290

1. Corporation Name
Blue Mountain Beach Condominium Owners' Association, Inc.

2. Principal Office Address
164 Blue Lupine Way

3. Mailing Office Address
164 Blue Lupine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Santa Rosa Beach, FL

City & State
Santa Rosa Beach, FL

Zip **32459** Country **USA**

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4. Date Incorporated or Qualified
To Do Business in Florida **4/21/98**

5. FEI Number ☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name
William P. Young

Street Address (P.O. Box Number is Not Acceptable)
6126 Thomas Drive

Suite, Apt. #, Etc.

City
Panama City Beach

State **FL** Zip Code **32408**

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-12/19/01-01045-008
******236.25 ****236.25**

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 **William P. Young**
REGISTERED AGENT MUST SIGN

Date **10/31/2001**

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	William R. Stokes, Jr.	502 Wilson Way	Brewton, AL 36426
VPD	Terry Ooten	179 Rosehill Drive West	Tallahassee, FL 32312
TD	Jon Silberman	10014 Sugar Hill	Houston, TX 77042
SD	Muffin Balart	191 Ridgewood Drive	Metairie, LA 70005
RS	William P. Yuong	6126 Thomas Drive	Panama City Beach, FL 32408

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)(f), 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: **William P. Young** RS/CAM 10/31/01 850-230-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone =