

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000175471 3))



H100001754713ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
OCEAN WALK VILLAGE ALLIANCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$420.00

RH


Electronic Filing Menu Corporate Filing Menu Help

FILED

10 AUG -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002362					
1. Corporation Name OCEAN WALK VILLAGE ALLIANCE, INC.					
2. Principal Office Address - No P.O. Box # 100 North Atlantic Ave. Suite, Apt. #, etc.			3. Mailing Office Address 100 North Atlantic Ave. Suite, Apt. #, etc.		
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. Date Incorporated or Qualified To Do Business in Florida 4/23/1998	
Zip 32118	Country USA	Zip 32118	Country USA	5. FEI Number 59-3576698	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Angela Cameron					
Street Address (P.O. Box Number is Not Acceptable) 100 North Atlantic Avenue					
Suite, Apt. #, Etc.					
City Daytona Beach		State FL	Zip Code 32118		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.					
Signature of Registered Agent <i>Angela Cameron</i>				Date 8/08/10	
REGISTERED AGENT MUST SIGN					
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/P	Angela Cameron	100 N. Atlantic Ave.		Daytona Beach, FL 32118	
D/NP	David Byron	123 W. Indiana Ave.		DeLand, FL 32720	
D/S/T	Pam Rudd	250 N. Atlantic Ave.		Daytona Beach, FL 32118	
D	Donald Poor	101 N. Atlantic Ave.		Daytona Beach, FL 32118	
REINSTATEMENT		RH			
10. E-mail Address: Acameron@pyramidhotelgroup.com <small>(To be used for future annual report notification)</small>					
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., 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.					
SIGNATURE: <i>Angela Cameron</i>				Date: 8/08/10	
SIGNATURE AND TYPED OR PRINTED NAME OF DISMPO OFFICER OR DIRECTOR				Date: Daytona Beach #	