

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND

08 FEB 14 AM 11:33  
2-18-08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003717

1. Corporation Name

Seaview Community Association, Inc.

200118065672  
02/14/08--01039--008 \*\*481.25

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

3403 State Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

3. Mailing Office Address

3403 State Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

REINSTATEMENT 02-08

4. Date Incorporated or Qualified  
To Do Business in Florida 06/24/1998

5. FEI Number  
59-3523380

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

Thomas R. Stroud

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

3403 State Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Thomas R. Stroud*

Date 2-7-2008

REGISTERED AGENT MUST SIGN

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	Hickson, Richard G	P. O. Box 291	Jackson, MS 38205-0291
P	Norris, Paul E Jr	9119 Vaughan Road	Pike Road, AL 36064
D	Clark, Doug	2926 Rich Hill Cove	Germantown, TN 36138
D	Meyer, Robert C	110 Tipton Way	St. Louis, MO 63105
D	Taylor, Edward	561 N. Palisades Circle	Marietta, GA 30067-5115

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 contained in Chapter 119, 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

*Richard G. Hickson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/08 601-208-2992