

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000001396

1. Corporation Name

BELLE HIGHLANDS OWNERS ASSOCIATION, INC.

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

175 Stahlman

3. Mailing Office Address

P.O. Box 5050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL 32540

City & State

Destin, FL 32540

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

Kerry Anne Schultz, Esquire

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

2045 Fountain Professional Court, Suite A

Suite, Apt. #, Etc.

Suite A

City

Navarre, FL

State

FL

Zip Code

32566

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

5/18/2010

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
D	Stephen C. Lugg	887 Lexington Road	Pensacola, FL 32514
D	William D. Vickers	175 Stahlman Drive	Destin, FL 32540
D	Robert K. Jayne	4827 Drodgy Street	Houston, TX 77091-4515

10. E-mail Address: kaschultz@fountainlaw.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2010

Date

(850) 478-6776

Daytime Phone #

FILED

10 MAY 20 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900181143319
05/20/10--01028--021 **787.50

REINSTATEMENT

01-10

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

5/21/10