

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:36

DOCUMENT # **N99000002169**

1. Corporation Name

SOUTHERN SHORES PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5365 E. CTY HWY 30-A, STE. 105
SEAGROVE BEACH FL 32459

5365 E. CTY HWY 30-A, STE. 105
SEAGROVE BEACH FL 32459

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1999

5. FEI Number

59-3580619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | WATSON, FRANKLIN H | 5365 E. COUNTY HIGHWAY 30A, STE. | SEAGROVE BEACH FL 32459 |
| VPD | BEAUCHAMP, KRYSTAL | 5365 E. COUNTY HIGHWAY 30A, STE. | SEAGROVE BEACH FL 32459 |
| STD | CHANCEY, WALT | 5365 E. CTY HWY 30-A, STE. 108 | SEAGROVE BEACH FL 32459 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E. CTY HWY 30-A, STE. 105
SEAGROVE BEACH FL 32459

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-13-03**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1303 850-231-2465

Date

Daytime Phone #

CR2E040 (7/03)

FRANKLIN H. WATSON, P.A.

ATTORNEY AT LAW

5365 E. COUNTY HIGHWAY 30-A, SUITE 105
SEAGROVE BEACH, FL 32459

ADMITTED IN
FLORIDA & ALABAMA

PH: (850) 231-3465
FAX: (850) 231-3475

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Southern Shores Professional Center Owners Association, Inc.
Document Number: N99000002169

Dear Sir or Madam:

Enclosed you will find our Application for Reinstatement and check in the amount of \$61.25.

The entity did not receive any other forms or uniforms business report notices, prior to this Notice of Administrative Dissolution or Revocation.

Please accept this letter as a request to waive the reinstatement.

If you need anything further, or have any questions, please do not hesitate to call. You may speak with me or with my assistant Linda (ext. 15).

Sincerely,



Franklin H. Watson

FHW/lvt

Enclosures