

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 18 AM 11:42

DOCUMENT # N99000005757

1. Corporation Name

The Sugar Shack Owners Association, Inc.

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

1017 Mill Road

3. Mailing Office Address

1017 Mill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alford, Florida

City & State

Alford, Florida

Zip

32420

Country

USA

Zip

32420

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/99

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

500186800018
10/18/10--01053--011 **787.50

7. Name and Address of Current Registered Agent

Name

A. Clay Milton, Esq.

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

4325A Lafayette Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32448

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

A. Clay Milton

Date 10/5/10

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,VP,S,T,D	Steven D. Smith	1017 Mill Road	Alford, FL 32420

REINSTATEMENT

10/19/10
01-10

10. E-mail Address: ssmith12kk@aol.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:

Steven D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-10

Date

Daytime Phone #